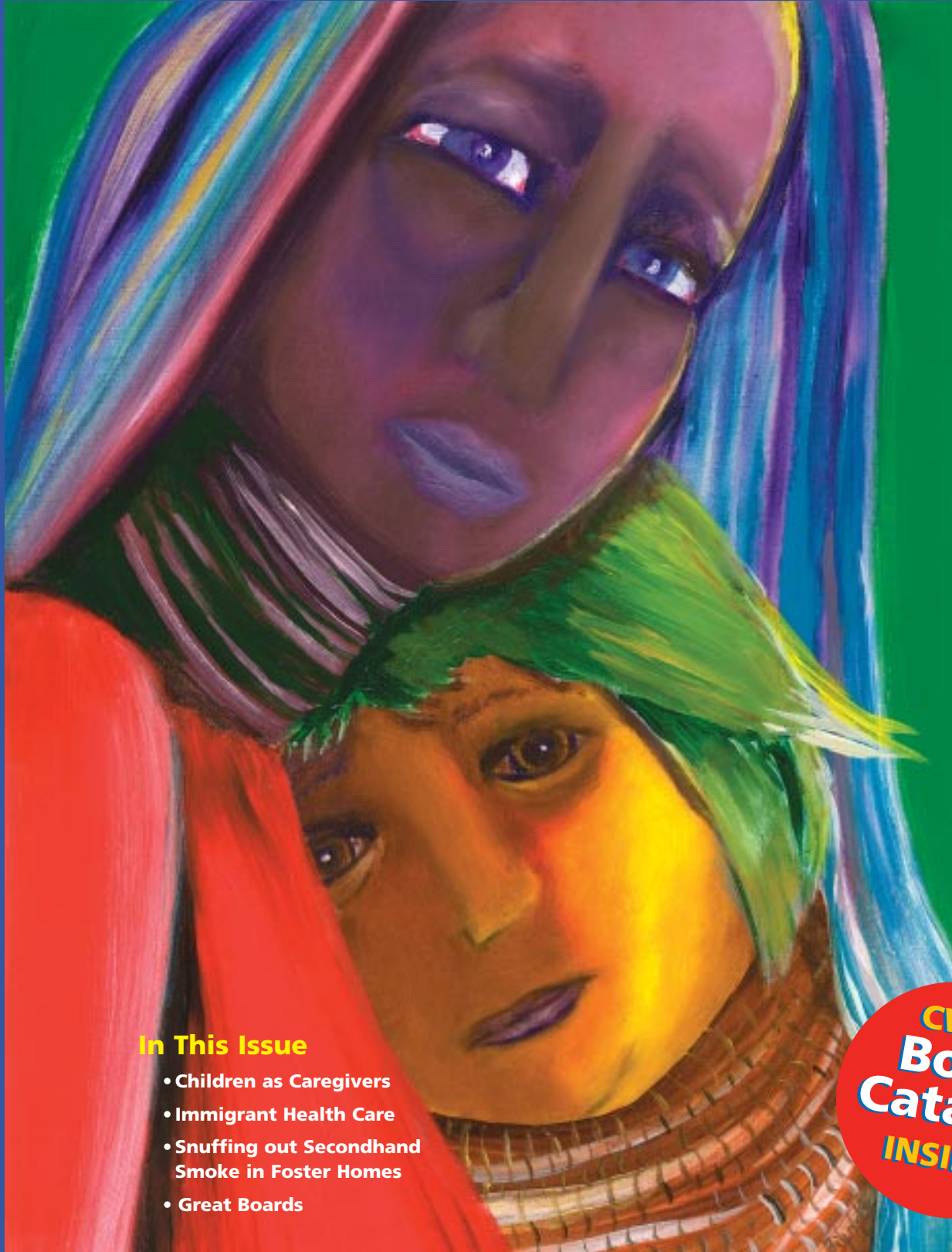


Children's Voice

VOL.15, NO. 3

CHILD WELFARE LEAGUE OF AMERICA

MAY/JUNE 2006



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- Children as Caregivers
- Immigrant Health Care
- Snuffing out Secondhand Smoke in Foster Homes
- Great Boards

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Children's Voice

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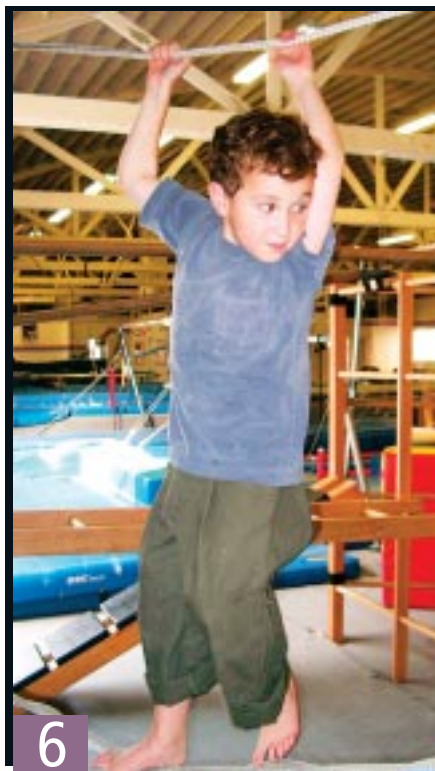
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On the cover: Cover artwork by artist Thom Bierdz, Los Angeles, California. View more of Bierdz's work at www.thombierdz.com.

Executive

DIRECTIONS



I was heartened to read a recent sermon by the Reverend Douglas Oldenburg to a congregation in Charlotte, North Carolina. CWLA member Frank Crawford, Executive Director at Youth Homes Inc., shared a copy of the sermon with me because of its fervent message not to forget the millions of

children in this country living in poverty, that every one of us must demonstrate a commitment to children.

Oldenburg outlined the sad statistics that those of us working in child welfare are all too familiar with—1 in 6 children in the United States lives below the poverty line, about 13 million American children are either hungry or at risk of hunger, and about 11 million American children have no health insurance. Oldenburg encourages us to remember the needs of all of our children, with a special concern for those in greatest need.

With faith currently a hot button issue on newspaper editorial pages and over morning cups of coffee, the message Reverend Oldenburg conveys between society's problems and the responsibilities of people holding strong religious and ethical beliefs will hopefully extend beyond the church door. Indeed, from political campaign trails to school board meetings, we're a society that talks a lot right now about faith and family values and their role in our culture.

Reverend Oldenburg's sermon, and all of the discussion about faith, for me, not only stirs reflection about general societal and moral responsibilities toward needy children, but also raises the question about whether we as a society are upholding the child welfare system under the same bedrock principles we are taught in our sanctuaries, temples, mosques, and elsewhere—such as practicing kindness and forgiveness, and performing good deeds for others. The answer, quite simply, is that we talk a much better game than we play.

The child welfare system serves some 500,000 children in foster care because they've been abused and neglected and we've not done enough to prevent it. Each year, we recognize May as National Foster Care month as a continuing reminder to our society that these children need our love, support, and faith in their future. The fact that children in foster care are without permanent, loving homes, and that millions more live in poverty is, as Oldenburg's sermon points out, "horrible and

scandalous, but the most scandalous and debilitating poverty is not theirs. It's ours. It's our deadening poverty of will."

To practice what Oldenburg preaches requires not only watching out for our own children, but also for the kids in our neighborhoods by volunteering to participate in local tutoring and mentoring programs. It also means advocating for public policy, and voting for tax levies that support and extend services for families and children. It means preventing the abuse and neglect of children the first time, or eliminating their risk of enduring harm a second time.

In addition to fully embracing the notion that all of society's children are our children, we must not forget the power of forgiveness. Understandably, it's hard for us to comprehend why a parent or guardian would abuse or neglect their children, but this does not justify turning our backs on those parents by adopting a mind-set that they should never parent their children again. This is not only a disservice to their children, it's a disservice to the notion of hope, forgiveness, and resilience, and it's a sign of our losing faith in the goodness of mankind altogether.

Studies have shown, for example, that as many as 80% of children in the child welfare system are there because one or both of their parents is dependent on drugs. Over the years, we've learned a great deal about what works to treat addiction, and those interventions are taking hold in many communities. So on a humanistic level, as well as a scientific one, let's have faith in human nature that drug-addicted parents can be rehabilitated, turn their lives around, and become healthy, nurturing caregivers; let's forgive them for the wrong they've committed, instead of simply judging them to be hopeless causes.

Reverend Oldenburg's message is one we should hear more from our clergy and other leaders. If we addressed the problems that result in the need for a child welfare system with the same fervor we live other parts of our lives, including our religious beliefs, then we would see a much stronger commitment and investment, and find much greater success in making every effort to ensure that no child would be harmed.

To cite Oldenburg once more, "There is something every one of us can do," and no one has any excuse for not becoming somehow involved in helping our children, however little it may seem. I add my voice to Reverend Oldenburg's and hope that, as a society, our values and faith deepen in our commitment to this nation's most vulnerable children, and I thank him for his passionate words of wisdom and caring.

Shay Bilchik

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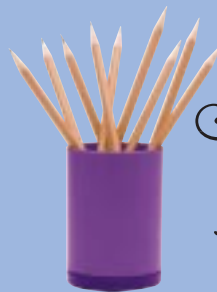
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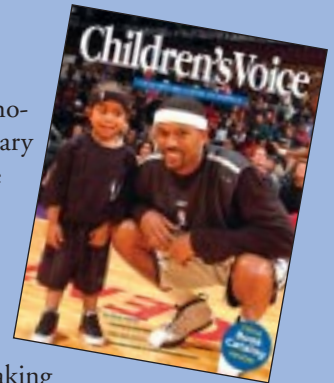
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Readers Write

Covered

What a wonderful picture you have chosen for the cover of the January/February 2006 *Children's Voice*. The look on the little boy's face is priceless—full of wonder and awe. In one picture you have captured a very magical moment for one little boy, a moment that he will likely not soon forget. Thank you for putting a smile on my face and making me remember how important we as adults are in the lives of the children whose lives we touch.



Kathy Friedl-Krob
Anderson, SC

Children's Voice welcomes all letters. Letters and e-mails sent to Children's Voice, to the attention of the editor, or to CWLA regarding content in Children's Voice are considered to be submitted for publication unless the author requests otherwise. Opinions expressed in letters to the editor are the authors' own. Letters may be edited for space and clarity. All letters must be signed.

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Replenishing the Toys Katrina Took Away

Like most Americans who watched Hurricane Katrina's horrible aftermath unfold on their televisions, Dottie Gruhler couldn't get the images of what she was seeing out of her head. The hundreds of children left homeless, hungry, and stranded were what most affected her.

"I had nightmares about kids sleeping on the roof, waiting, cold, hungry, and scared," Gruhler remembers. "It made me want to throw up."

Within days after the massive storm, Gruhler, who lives in Smithsburg, Maryland, decided she had to do something to help. Thousands of families' lives had been interrupted. Parents struggled to simply put a roof over their heads and food on the table. Meanwhile, the children who had been affected waited for normalcy to return.

Toys, Gruhler realized, could restore some semblance of happiness to the children's lives and alleviate some of the parents' stress. With this in mind, she began her hunt for toy donations. She placed donation boxes at local schools and churches, and sent queries over craigslist.org, Nola.com, and other websites. She decided to name her effort Katrina's Toybox, with the goal of collecting toys through December 2005 so she could brighten the holidays for as many children affected by Katrina as possible.

At first, with reports of scam charities playing on peoples' sympathies after Hurricane Katrina, Gruhler had a hard time convincing people to give to her cause. But she set up a website and continued knocking on doors, and the toys started trickling in. She put the money donations toward renting a truck to transport the toys to and from a storage unit, tape to seal gift boxes, and postage and shipping costs.

Realizing Katrina evacuees were scattered nationwide, she asked families to register for help via her website, katrinastoybox.com. With the help of a Louisiana-based organization called Katrina's Angels, Gruhler began conducting background checks on online registrants to confirm they were Katrina evacuees.

Then, a radio station in the South gave Katrina's Toybox a plug on the air last fall, and the toys started coming in by the thousands. At the same time, as Christmas approached, more and more parents began to appeal for toys through her website.

With the help of family and friends, Gruhler was able to get most of the toys shipped to families by the holidays. In December, they worked every night after Gruhler put her three children—ages 2, 4, and 10—to bed, until 3:00 am. But being a grassroots effort, they were still sorting toys and filling boxes by mid-January, placing letters from Santa inside, apologizing for being late.

Gruhler estimates that Katrina's Toybox has garnered more than 5,500 toy donations and about \$6,000 in money donations—

much of which she used to purchase gifts for older children and infants, two age groups for which she received fewer gifts.

Gruhler is completing paperwork to register Katrina's Toybox as a nonprofit organization. She wants to continue the effort as a year-round charity for children who have suffered losses from other natural disasters, including storms, fires, and mudslides.



Dottie Gruhler and some of the toys collected by Katrina's Toybox.

PHOTOS COURTESY OF DOTTIE GRUHLER



Gruhler says this time around, she will focus on collecting toys before disaster strikes.

"This has touched me in a way I didn't think it could and, for that reason, I've decided not to stop," she says.

Registered Nurses and Young Families Partner to Plan Healthy Futures

A few years before the birth of her own child, 11-year-old Dominique* would regularly be left to care for her infant brother for several days at a time in their Los Angeles home while their mother visited a boyfriend. During her mother's absence, Dominique would also clean the house and pay the bills, in addition to going to school.

Forced into a premature adulthood with little exposure to nurturance, Dominique had no real maternal role model to turn to when learning, at age 16, she was pregnant. Alone and without resources, her prospects seemed grim, but Dominique learned through the Nurse-Family Partnership (NFP) that life is not over at 16.

Mary Beth Wenger, a nurse educator for NFP—a nonprofit organization that works to improve the health and well-being of first-time parents and their children—was assigned to Dominique's case while working at the NFP site in Los Angeles County. During their initial visits, Dominique was aloof with Wenger, who, as far as Dominique was concerned, could have proven to be unreliable and inconsistent like every other adult in the teen's life.

*Not her real name.

Initially, Wenger met with Dominique every week for a month and continued visits every two-and-a-half weeks for six months during Dominique's pregnancy. They discussed prenatal health, what to expect when the baby arrived, how to care for an infant—including how to feed, play, and respond to crying—how to baby-proof the home, and what goals Dominique was planning for her own life, an objective too often neglected by teen mothers introducing a baby into their lives.

Dominique quickly learned that caring for her child would be even more challenging than she initially expected, after her son was diagnosed with a rare genetic disorder. Fortunately, Wenger was available to guide her through this journey, making weekly visits for the first six weeks after the infant's birth. Thereafter, Wenger continued her visits every two-and-a-half weeks until the baby's second birthday, when Dominique graduated from the program.

During the baby's infancy, Wenger discussed not only his health and needs, but Dominique's as well. Before Dominique's son could walk, Wenger discussed how to prevent falls. Before Dominique could begin to feel trapped by circumstances, Wenger had her complete "My Dream Sheet" so she could assess where she imagined herself and her family in three years. Wenger encouraged Dominique to dream and plan for a bright future full of education, opportunity, and promise for her and her son.

"It's important for us to acknowledge that we can't solve our client's problems...that changes come over time, and that sometimes the miracle is just the relationship itself," Wenger says, reflecting on her experience with Dominique. "I felt the success achieved with her was the building of a therapeutic relationship, where she felt safe to share her innermost thoughts and needs and to begin envisioning a life different than what she had experienced."

Dominique and Wenger's relationship is an example of how NFP works to provide an effective means to seemingly intractable problems facing young mothers nationwide. Currently, NFP serves 20,000 families in 20 states. The program is voluntary and free to young mothers, who commit to a two-and-a-half year relationship with the same registered nurse, amounting to roughly 64 visits. The visits begin no later than the 28th week of pregnancy.

David Olds started NFP as an undergraduate student at Johns Hopkins University in Baltimore in the early 1970s. While working in an inner-city day care center, he observed the center's services provided too little too late. He realized early preventive measures in pregnancy and child rearing were necessary to positively alter the effects of multiple generations of behavior.

Subsequently, Olds and his colleagues developed the framework for NFP and began to research the benefits of home visitation programs for young mothers. Olds is now a professor of pediatrics, psychiatry, and preventive medicine at the University of Colorado Health Sciences Center, where he directs the Prevention Research Center for Family and Child Health.

Olds, under the auspices of the University of Colorado and NFP, has conducted research and clinical trials for the last 25 years to demonstrate NFP's effectiveness across a diverse array of demographics. Prenatal preparation appears to be the key to the

program's success, acknowledging that once a child is born and seeking help, he or she already faces an educational and social handicap. Each nurse carries a caseload not exceeding 25 clients, allowing for special and individualized attention for each family.

Wenger's guidance helped Dominique establish a healthy home for her son, and in the process, Wenger and Dominique established a safe and reliable relationship, allowing Dominique the opportunity to confide in Wenger. At the end of one visit, Dominique scrawled on a home visit encounter form, "Thank you for listening to me," and returned it to Wenger.

Even though Dominique could not speak the words, the message was clear to Wenger that her influence had a positive effect. Reflecting on her six years working for NFP, Wenger, who now works in the program's national office in Denver, says, "When I first began working for NFP, I could not imagine how this program would not only change clients' lives, but mine as well. I still find it inspirational to support these young women."

Visit www.nursefamilypartnership.org for more information on NFP.

—Ann Blake, *Children's Voice Contributing Editor*

Responding to Young Offenders

Fourteen-year-old "Brian" was caught carrying marijuana into his school. Possession of drugs on school grounds carries severe penalties in Illinois. Brian's case qualified for automatic transfer from juvenile to criminal court, even though he had never been in serious trouble before.

The state's attorney offered Brian an alternative: He could appear before a Community Panel, a group of trained volunteers from his own neighborhood who would listen carefully to all parties involved and come to a resolution. With the panel's encouragement, Brian accepted responsibility for his actions and agreed to make restitution to the community in a way that built on his interests and abilities: He would put his passion for movies to work by making a short video about the consequences of drug dealing. With the help of panel members, Brian arranged to have his video viewed and discussed by youth at his local community center. In addition, Brian was referred for math tutoring to improve his grades at school.

Each year, more than 20,000 young people become involved in the juvenile justice system in Illinois. Most of them haven't committed violent crimes, but once they've entered the system, many will become more deeply involved. Too often, neither the youth nor their communities will benefit from the experience.

As a result, some advocates of juvenile justice reform in the state are exploring informal, community-based mechanisms as an alternative to juvenile court for some young offenders. These new solutions can be a positive and powerful force—an opportunity for communities themselves to respond to crime and reinforce their values, and for youth to reconnect with the community.

Community Panels for Youth (CPY) is an example of that approach. Built on principles of restorative justice, CPY creates open dialogue among the young offender, the victim, and

community members. In a neighborhood setting, the panels address the harm done to the victim and the community, seek ways to meet the youth's individual needs, and build relationships that strengthen the social fabric of the community.

Cheryl Graves is director of the Community Justice for Youth Institute, which coordinates the program. "The hearings give youth, victims, and their families an opportunity to speak from the heart, listen to each other, and discover that they're not so different from one another," she says. "Young offenders learn that they made some bad choices, that they hurt someone, and they're held responsible for their actions. But they aren't marginalized. Through the process, young people discover their value to the community."

CPY began in Chicago's Austin neighborhood in 1997 and now operates in seven of the city's most disadvantaged communities. Its success rate is impressive: 85% of the young offenders entering the program have had no further juvenile court contact. In contrast, the recidivism rate for youth processed through juvenile court is around 60%.

Community Panels go beyond accountability and restitution; they actively seek ways to help young offenders build the competencies that will help them develop into responsible, contributing members of the community. This is often the panel's most difficult task.

"Some of the youth need mental health counseling or drug rehab," Graves says. "But more often than not, they just need engaging afterschool programs and positive adult role models."

The only way young people won't be on the street, she adds, is if they have access to something that interests them—whether it's chess clubs, video-making, or softball practice. In the communities served by Community Panels, few of these programs exist; those that do generally won't take youth involved with the courts.

"It's not just the youth who need to be held accountable," Graves emphasizes. "It's the responsibility of the community, the city, and the private sector to ensure that all young people have what they need to develop into healthy adults."

Addressing this need, the Community Justice for Youth Institute has established community-based advisory boards to help identify local and nontraditional resources. The boards quickly learn where the gaps are, and they become powerful advocates for community programs and services.

"Restorative practices have tremendous transformative potential," Graves says. "People realize they have the capacity not only to resolve their own conflicts, but to effect positive change in their lives and their communities."

Adapted from an article in the John D. and Catherine T. MacArthur Foundation's fall 2005 newsletter, which was devoted to the issue of juvenile justice. The Foundation's Models for Change initiative aims to accelerate systemwide juvenile justice reform in Illinois, Louisiana, Pennsylvania, and Washington, in hopes the results will serve as models for successful reform in the juvenile justice systems in other states. More information is available at www.macfound.org.

Gymnastics as a Therapeutic Playground

The first time 7-year-old Taylor Partington tried gymnastics, he threw a fit because he didn't like putting chalk on his hands so he could grip the uneven bars.

Diagnosed with high-functioning autism, known to manifest obsessive-compulsive behavior, Taylor was so hypersensitive that he washed his hands constantly for fear of outside elements, such as dirt on the playground, says his mom, Aggie. "He had real issues with using his hands," the Southern California parent recalls. Taylor's behavior often alienated him from other children his age.

But after his first time in a program designed for kids with special needs, Taylor's tantrums stopped. Today, he can hang from the bars with chalk on his hands for 15 seconds straight—a milestone for a child who was so overwhelmed by his phobia he wouldn't use his hands, even when he slipped and fell.

Beyond the gym, Taylor now enjoys riding his bike and other things he shied away from before, boosting his confidence with his peers.

He also has better control of his body, and if he throws fits away from the gym, they aren't as severe, Aggie Partington says. "My son has shown more improvements after four sessions at Big Fun than he has in two years of occupational therapy."

Taylor is one of 1,500 U.S. children who have experienced the benefits from Big Fun, a therapy and recreation program that operates at 16 established gymnastics sites in the nation for youngsters with cerebral palsy, autism, mental retardation, Down's syndrome, seizure disorders, and other special needs, says founder Gene Hurwin.

With a crew of coaches who work one-on-one with each child, Big Fun tailors activities based on tests in motor planning, organizational behavior, and sensory integration.



"Gymnastics is the ultimate sensory playground, and as a movement learning form, is particularly potent for children with special needs," says Hurwin, who has a master's degree in occupational therapy and more than 20 years experience as a gymnastics coach. "As the body develops, the constant sensory bathing gymnasts receive lays the neuronal foundation for efficient brain integration, the product of which has an effect on how children develop and use concept logic, language acquisition, and visual acuity, to name a few."

For the children at Big Fun, launched in 1999, the goal in gymnastics is to learn how to learn, Hurwin says. A former competitive gymnast and member of the 1976 Olympic soccer team, he came up with the idea for Big Fun in college after he accidentally walked into an occupational therapy

In a play environment, children acquire their sense of culture, acceptable behaviors, social norms, and language, and it's the first active means humans use to organize the impulses of the body, including sensory information such as gravity, sight, and sound.

Jerry Bennett, coach and manager of Big Fun at Monarchs in Newbury Park and Agoura in California, recalled the first time he worked with Taylor and faced a 15-minute tantrum when the boy put chalk on his hands.

"I put him in a situation where he had to deal with it," said Bennett, who offered Taylor the reward of washing off the chalk if he remained calm. Though Taylor still winces slightly when he dips his hands in chalk during his sessions, he remains calm because his brain has been retrained to understand he can endure the drill without harm, thus desensitizing his phobia.

Hurwin ultimately hopes to launch more Big Fun programs worldwide to dispel "cultural misconceptions" of what children with special needs cannot do. "Big Fun recognizes their potential and what they can do."

For more information, visit www.bigfungymnastics.com. 

—Alicia Doyle

A freelance writer in Southern California, Doyle has worked for the Los Angeles Times and other California newspapers.



PHOTOS COURTESY OF BIG FUN

class and discovered a passion for the field and its relation to children with special needs. For him, gymnastics are a no-brainer to improve physical, behavioral, and cognitive needs for challenged youngsters.

He points to Jean Ayres, an occupational therapist who held that understanding brain function is the key to understanding the functions and dysfunctions of children with developmental disorders. Ayres promoted the concept of sensory integration—the organization of sensation for use. "It is this concept of organizing sensory input for use that is the very essence of gymnastics," Hurwin says.

A variety of obstacle courses, for instance, are known to improve children's ability to mentally sequence and help them organize attention during individual tasks. Use of the trampoline, swinging ropes, and tumbling mats increases their sensory processing abilities.

"Through gymnastics, all children get to experience the benefit of moving their bodies, climbing, reaching, grasping, even falling," Hurwin says. "The gymnastics environment can be used to construct a therapeutic playground, assisting some special needs children to become motivated and organized."

Big Fun is based on the premise that children seek fun because the main job of every child is to play, Hurwin says.

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National

NEWS ROUNDUP

CONNECTICUT

The *Hartford Courant* reports that Connecticut's Department of Children and Families (DCF) is handling nearly 800 fewer licensed foster homes today than in 2001.

In response to the crisis, DCF announced last year it would pay a private organization \$250,000 to better market the department's needs and increase recruitment efforts. A dozen organizations made inquiries, but none offered a bid, according to the *Courant*.

An upsurge in adoptions is one reason for the decline in foster homes, says DCF spokesman Gary Kleeblatt. Also fueling more adoptions are subsidized guardianships, college tuition assistance for adopted children, and other incentives for foster parents who adopt the children in their care; 70% of the agency's adoptions are by foster parents, Kleeblatt says.

On the other hand, many foster parents are leaving out of frustration, according to Jean Fiorito, Executive Director of the Connecticut Association of Foster and Adoptive Parents. A recent survey of foster parents who left the system found that 28% left because of adoption and 22% left because they believed DCF did not support them enough, Fiorito told the *Courant*.

FLORIDA

Florida is one of only a few states that came close to its goal for monthly visitation of children by caseworkers, a report by the inspector general for the U.S. Department of Health and Human Services (HHS) has found. Currently, 43 states aim for monthly visitation.

Federal officials studied Florida's visitation rate during a nine-month period in 2003 and found that Department of Children and Families caseworkers made monthly visits 95% of the time on average, according to the *Miami Herald*.

By comparison, California officials met their goal 86% of the time, and Texas reached its goal 75% of the time. Some states were much lower, including West Virginia, where caseworkers made monthly visits only 42% of the time, the *Herald*

reported. Some states couldn't provide data on how well they were doing on the measure, according to HHS.

Linda Spears, CWLA Vice President of Communications, says CWLA's standards call for children to be seen once a month, at a minimum, to check on their well-being. She points out that Florida's improvements have come in the wake of some high profile cases of children falling through the cracks, including the case of 5-year-old Rilya Wilson, who state officials believe was killed in December 2000 while in state care, and about 15 months before officials realized she was missing.

"Because of the issues they've had to deal with around the Rilya case, they have paid attention to it," Spears told the *Herald*. "I think the agency said, 'We are not performing at our best'... and made changes."

The next step, Spears points out, is for caseworkers to gather valuable information to protect children. The inspector general's report did not measure the quality of visits, only whether states were meeting goals for making the visits.

KENTUCKY

A judge has ordered Kentucky's Juvenile Justice Department to reassess about 400 youth in its 11 state-run centers to determine whether they should be in "less-restrictive" settings, according to the Louisville *Courier-Journal*.

Franklin County Circuit Judge William Graham ruled the state is violating the law by sending hundreds of young offenders to live in state-run centers—some locked and surrounded by fences—instead of foster care or group homes, where they might be better served.

"They committed low-level offenses and ended up in high-level facilities," Public Defender Gail Robinson told the *Courier-Journal*. Robinson filed a lawsuit in 2004 on behalf of teens she believed were mistakenly placed in centers.

State juvenile justice officials plan to appeal the ruling. "We very strongly disagree with the judge's ruling, and we are

going to pursue this as far as we can to try to do the right thing," says Commissioner Bridget Skaggs Brown.

The department will begin reassessing youth during the appeals process. "We believe there will be irreparable harm to the community if we are forced to release some youth out in the community who have committed very serious criminal acts," Brown told the *Courier-Journal*.

Kentucky juvenile justice regulations call for the department to score youth on various factors, such as the seriousness of the offense and other factors, and to place youth in the least-restrictive environment to rehabilitate them.

But Robinson alleges in her lawsuit that several years ago the state began to disregard those rules and send most youth to residential centers without changing state law. Robinson told the *Courier-Journal* she and other public defenders who frequently visit juvenile centers began noticing more youth being held for relatively minor offenses.

MARYLAND

In January, Maryland Department of Human Resources Secretary Christopher McCabe established a separate office directly under his authority to license and monitor 200 privately run group homes for troubled youth, the *Baltimore Sun* reports.

McCabe appointed Carmen Brown, an executive at the Board of Child Care—one of the state's largest and most respected group home agencies—as the first director of the new Office of Group Home Licensing and Monitoring.

"It's a significant step for the department," McCabe told the *Sun*. "We're better positioned to be even stronger in the responsibilities of licensing and monitoring."

The *Sun* ran a series of articles last year reporting that state regulators had failed to monitor group homes, allowing for mistreatment or neglect of children. The articles also reported many group homes employed unqualified or poorly trained workers, including some with criminal records. Some of the home operators were involved in instances of financial self-dealing as well, according to the *Sun*.

Previously, a larger agency within the Maryland Department of Human Resources handled oversight of the homes, in addition

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Across America, many child welfare agencies are struggling. Others are upbeat and positive. All are working in an environment with significant challenges.

Today's America has seen the rise of both religious and political conservatism. Both believe the individual is paramount and that we have few collective responsibilities—everything is the responsibility of the individual. Elected officials seldom speak of a sense of service to the poor or needy. Agencies with decades of commitment to suffering children often feel out of step with these views.

Reformers in the public sector have strongly supported ideas designed to improve nonprofit organizations, including licensing, accreditation, and performance-based contracts. None of these, of course, guarantee perfect service, and even in the best organization, one unpreventable incident can result in months of investigation and scrutiny. Agencies are expected to be mistake-free while serving highly volatile children.

The private sector has added to the pressure, always insisting on behavior that is more business-like. Executives everywhere have earned or are working on MBAs, boards are adding audit committees to the organization, and executives are concerned about the effects of Sarbanes-Oxley. [See *"Better Governance for Nonprofits: Translating the Lessons of Enron and Sarbanes-Oxley,"* Agency Briefs, Children's Voice, July 2004.]

These attempts to push nonprofits to become more like the public sector or more like the private sector miss the point. Our agencies are part of a third sector—economist Jeremy Rifkin calls us the "cultural sector." As such, we bring unique strengths to society.

And the champions for our value to society must be our board members.

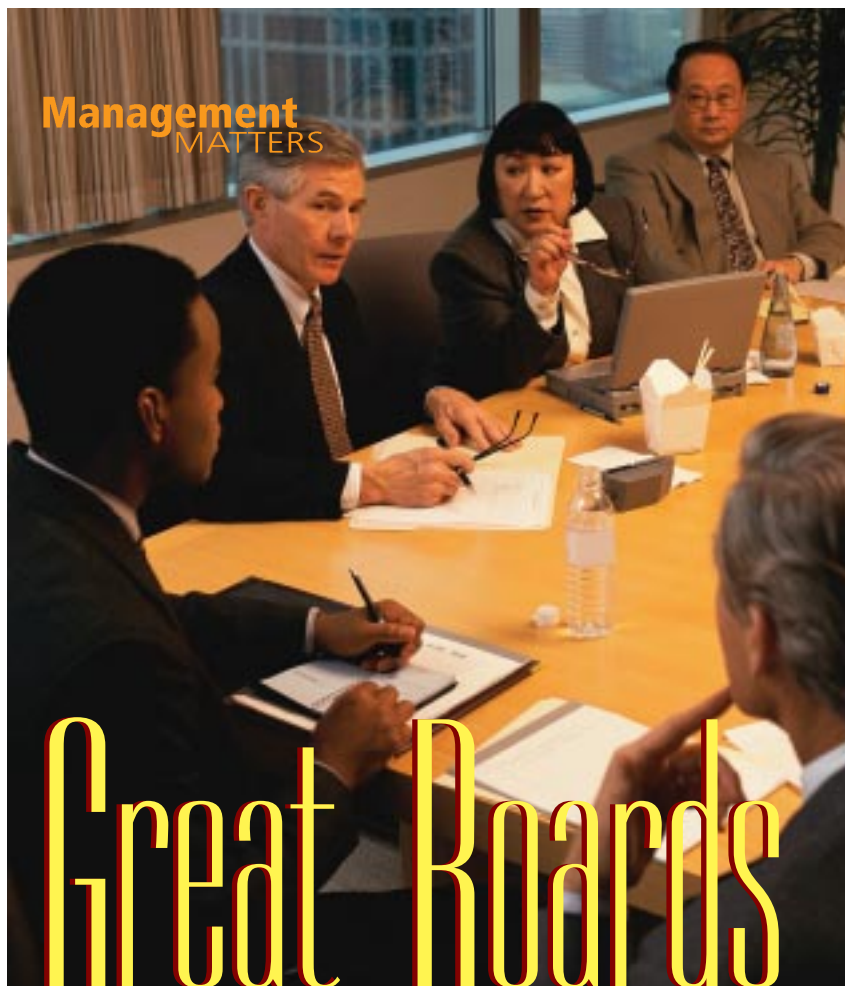
What nonprofit agencies do best is not primarily about business practice or outcome measurement. It is *Mission*. The basic values of society are manifested in the cultural sector. When asked about her own "lack of progress," as she repeatedly fed and cared for the same poor individuals day after day, Mother Theresa replied, "I'm not called to be effective—I'm called to be faithful."

Unfortunately, much of today's passion for *mission*—what we might call "making the world a better place"—is staff-driven. Nearly all the innovative, community-changing, social entrepreneurship of today's organizations is vested in the founders of new nonprofits and in older agencies with highly creative CEOs.

This must change. To create a genuine partnership with the executive, the board must be more than a check and balance to the staff. The board must feel the same degree of passion for the agency's mission. The definition for bottom-line leadership from the board must become more about the mission than it is about the money.

Without that, the board governance concept is broken. And as evidence of that, it's commonplace today to find

Management
MATTERS



Great Boards

How the Board Can Measure It's Own
Passion and Commitment

By Charles L. Baker

boards that work hard to hold executives accountable but fail to measure their own performance or accept responsibility for their own mistakes. One beleaguered Executive said of his board's passion, "Their major emotions seem to be pity (for the clients) and annoyance (with the staff.)"

Given today's hostile environment, we need board members who are more likely to go to bed not worried about the shrinking endowment, but weeping over the suffering of the children we need to serve.

Great boards look at the children and families the agency serves and say, "There, but for the grace of God, go I." Poorly functioning boards keep themselves personally isolated from clients and seem to think, like the Puritans, that they somehow earned their own privileged status.

Good board members know their service is not about status, networking, or warm feelings; they know it's about personal growth. Sociologist Robert Wuthnow said about his own personal growth,

Instead of trying to recruit volunteers by promising them that it will make them feel better, nonprofits should show

The Executive Search

CHECKLIST FOR BOARD REVIEW

Mission

- Are you passionate about the mission of this agency?
- Do you know what makes this agency unique?

Leadership

- Do you have a great executive who
 - Forms a partnership with the board?
 - Leads the staff?
 - Provides a vision for the future?
- Do you fully support the executive to take bold action on behalf of the mission and our clients?
- Is this a creative organization?
- Is this an entrepreneurial organization with a genuine knack for raising or making money?
- Does the organization make enough mistakes? (Successful organizations must experiment in order to innovate)
- Do you advocate for troubled children? (Everywhere in your civic organization, at your place of worship, and with elected officials)

Governance

- Are you fully aware of the health of the organization in these critical areas?
 - quality of services
 - customer satisfaction
 - fiscal issues
 - functional and beautiful buildings and grounds
 - employee satisfaction

Performance Review

- Do you review the performance of each member and the board as a whole annually?
- Do you carry through on your plans for improvement?

When faced with a search for an executive, the board must be committed to finding three qualities and talents:

Mission. The executive must have an all-powerful commitment to making the world a better place for children and their families.

Creativity. In either service delivery or marketing, or both, the executive must find a way to make the agency unique in the eyes of the public and the customer.

Entrepreneurship. The executive must have a genuine knack for making or raising money.

people that in the process of taking care of others, they will grow. Through the act of giving, my whole self-concept is enlarged. I'm literally a stronger, more effective person.

The Self-Evaluation of the Board

The responsibilities of the board to keep the organization vital and sustain its value to the community are enormous. It's no longer enough to hire a talented CEO and keep out of her way. Just as the passion of a good CEO drives personal and organizational growth, boards must find their own passion. And as an innate part of that growth, boards should be evaluating their own performance.

Here are the priorities for that evaluation, and the questions good board members ask themselves.

Mission

- Am I passionate about the agency's mission? Does it make the world a better place?

Reality

- Do I know how the agency is unique? How is it different from or better than others that provide the same service?
- Do I know how we are functioning in critical areas (including quality of services, satisfaction of customers, fiscal health, appropriate and beautiful buildings and furnishings, and employee satisfaction)?

People

- Do I have a great executive who makes me proud? Does he partner with me, lead the staff, and provide a vision of the future? The

See Boards, page 22

TURNING THE TABLES:

Chi

Child caregivers have gone largely unnoticed in the United States.

By Deborah J. Amend

When Maggie Ornstein began high school, she was a typical teenager. An honor student at a small parochial school, she enjoyed school, extracurricular activities, spending time with her friends, and planning for college.

At 17, though, Ornstein's life took a dramatic turn when her mother was struck with a brain aneurysm that nearly took her life. Ornstein's mother spent the next three months in a coma, and many subsequent years in hospitals. Living with only her mother and an elderly grandmother, Ornstein became the primary caregiver for the family.

"I went from planning my prom and college, to planning my mother's care," recalls Ornstein, now 28. "We had moved in with my grandmother to help her after the death of my grandfather. All of a sudden, the role of running the home and caring for both my mother and grandmother fell to me."

Ornstein's story is not unique. In fact, millions of children nationwide are providing daily care to family members, and they have gone largely unnoticed. Caregiving professionals in the United States have only recently started meeting with their counterparts in other countries to look at the issue, and they've learned that services abroad have long focused on child caregivers.

The U.S. Administration on Aging recently funded the first study to bring attention to these children in the United States. The National Alliance for Caregiving, in collaboration with the United Hospital Fund, conducted the study. *The Report on a National Survey of Young Caregivers in the U.S.* outlines the study's three objectives: to determine the prevalence of caregiving among children in the United States, to learn what role children play in caregiving, and to learn how the caregiving role impacts the life of a child.

More than Household Chores

The study identified a statistic that should serve as a wakeup call—as many as 1.4 million children in the United States, ages 8–18, are caregivers. Although a small percentage care for a sibling, some 72% serve as the main caregiver for either a parent or grandparent.

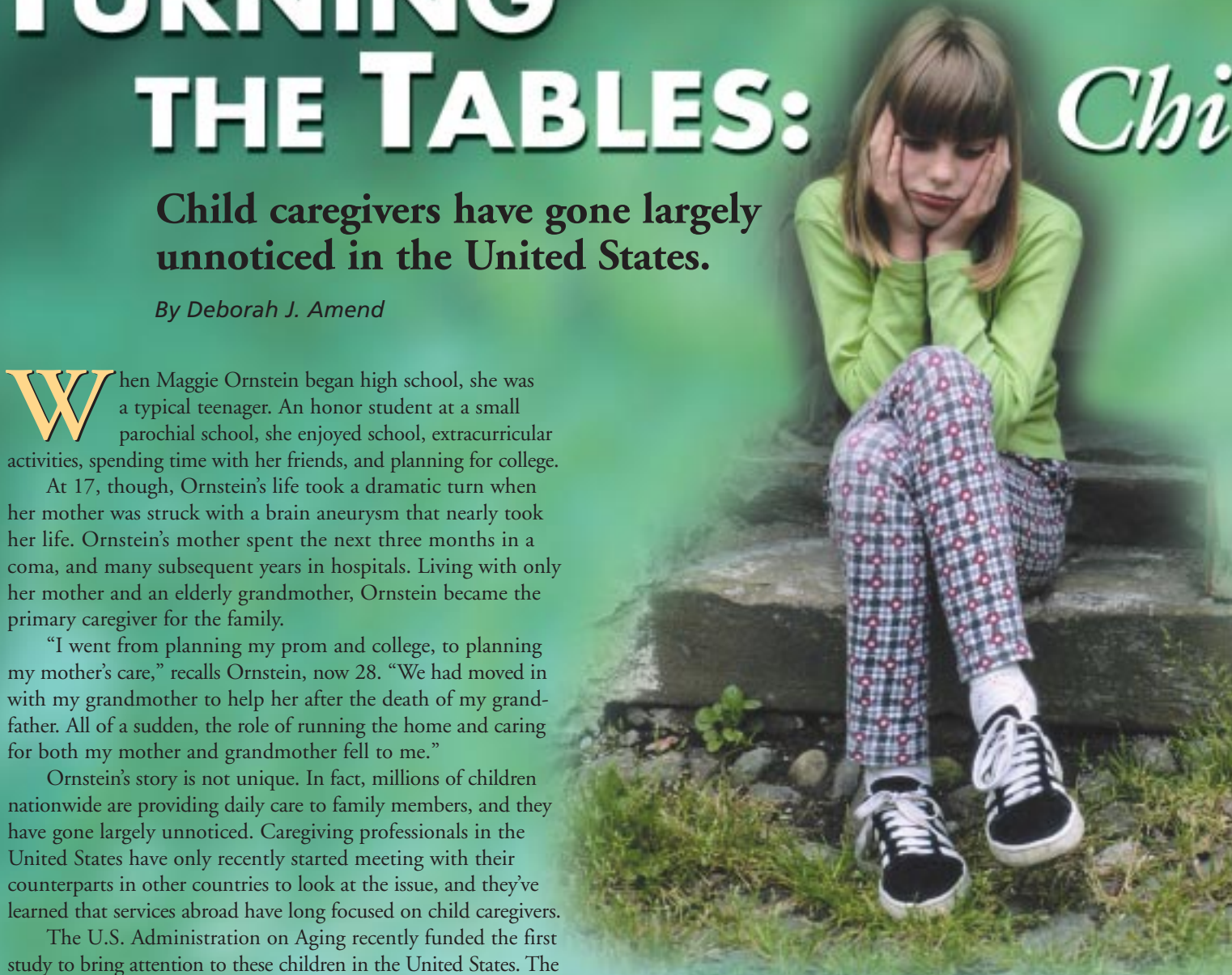
Child caregiving can result from many different circumstances. Sometimes, in the case of certain diseases and medical conditions, supports exist for the children. Many children, however, don't have access to an organized support network. And some diseases, such as alcoholism and mental illness, carry a stigma that causes many

families to hide their problems from the very people who can help them. Families dealing with these illnesses aren't often willing to talk about them—including talking to researchers. The authors of the *National Survey of Young Caregivers* note their study should be thought of as, "a survey that is representative of households that include child caregivers [who] are willing to discuss their situation."

Study coauthor Carol Levine, CEO and President of the Families and Health Care Project, United Hospital Fund, says, "[In these stigmatized illnesses] there is often so much more loss than just the need for caregiving—death, drug use, abandonment, etc. These are the children in danger, and these are the ones that, unfortunately, this study most likely did not reach."

As with any study, *Young Caregivers* answers some questions and raises still more. It's a starting point, though, for the work that needs to be done for young caregivers.

"To me, the crux of the issue is that there are well over a million of these caregiving children, and almost no one...



Children Caring for Family

[knows they] exist or how their role affects them,” says the study’s principal researcher, Linda Naiditch.

What the research shows is disturbing. Children are being called upon to perform tasks that are much greater than typical daily chores. “Over half of the child caregivers,” according to the study, “help their care recipient with at least one activity of daily living (ADL), such as bathing, dressing, getting in and out of beds and chairs, toileting, and feeding.” The children also help with shopping, household chores, meal preparation, medications, transportation, and communication with doctors and nurses. In the case of immigrant families, the child will often act as a translator during medical visits.

“In some cases, when acting as a translator, children become almost a patient advocate for their parent,” says study coauthor Gail Hunt, Executive Director of the National Alliance for Caregiving.

Caregiving and Its Effects on Childhood

What are the results of caregiving at such a young age? It depends on the child and his particular situation. Some children are able to handle the pressures of caregiving and continue to build a future. Ornstein, for example, finished high school and continued through college and then graduate school. Now working on a second master’s degree, in public health, Ornstein discovered school was her outlet for the pressures of caregiving.

Other children don’t always fare so well. Young caregivers are more likely than their noncaregiving peers to have difficulties in school, both with teachers and with other students. While the *Young Caregivers* study indicates they spend the same amount of time on homework and leisure activities as their noncaregiving counterparts, anecdotal evidence provided by young caregivers suggests they find themselves crunched for time to complete their work and participate in outside activities. Some said their caregiving responsibilities affected their academic and social lives.

According to reports from parents about their children’s behavior, caregivers are more apt to show anxiety or depression than are noncaregivers.

“I could never cut loose,” Ornstein recalls. “I always had a vision of my mother in the hospital bed, and I worried about what would happen if I wasn’t with her. There was always that thought that nobody could take care of her like I could...it carries a lot of guilt.”

“What makes one child resilient and another child not?” Levine wonders. “One hypothesis...is the quality of the relationships with the care recipient.”

Hunt adds, “There are a number of factors...one of which is whom the child is caring for. For instance, caring for a grandparent may have a less negative impact on a child than caring for a parent.”

Although the study didn’t address it, many caregiving professionals and former youth caregivers agree certain influences

can help a child. Access to resources and a strong support network, including family, friends, church, and community, may play into how the child reacts to her new role. Another influence can be the amount of responsibility placed on the child, and if she feels ready to handle what’s required of her.

And, of course, the nature of the illness or disability can also shape the situation, including whether the parent is terminally ill, or whether the parent is struggling with mental illness, alcoholism, or another condition about which a child would be afraid to confide in another adult.

Reaching Out

Since the 1990s, professionals in the United Kingdom have been providing services for young carers, as they refer to them. The Princess Royal Trust for Carers, for example, has been working with young caregivers by offering an array of services through its website, www.youngcarers.net.

Services include chat rooms and online youth workers who can provide an outlet for children to talk through their frustrations and problems. The website also explains their rights under British law, describes the roles of various professionals, and outlines other services available to them. Designed with children in mind, the site is visually appealing and easy to navigate.

The site also serves as a link to the Young Carers Project—a national organization with many local affiliates—and offers a database of contacts and information about training events and conferences; Young Carers festivals; publications, including a guide entitled *Making it Work: Good Practice with Young Carers and their Families*; and other resources.

The Young Carers festivals provide a time of respite, education, and recreation for child caregivers. Advocacy for new laws and regulations for carers and their families, and practical advice on school, money, and planning for college, round out their support.

In the United States, the National Multiple Sclerosis Society has for a long time made family advocacy and education a priority. *Keep Smylein*, an online interactive newsletter also available in print, is perhaps its most popular outreach. The organization has also published *Journey Club*, a workbook used with a six-week workshop for parents and children, and a cartoon entitled *Timmy’s Journey*.

Nancy Law, Vice President of Client Programs for the National MS Society, points out that when a family has the support they need, caregiving for an ill parent is not necessarily a negative experience. The society, therefore, reaches out to families through its local chapters by providing family meetings, family days at local places of interest, and even financial help for families in need. An annual scholarship competition rewards the children of MS patients who have excelled academically while caring for an ill parent.



Dustin Sordelett

in high school athletics, played in a band, sang in a choir, and graduated from high school with a 4.0 grade point average. Yet, Sordelett took the time, daily, to enjoy his father's company, talking about sports and reminiscing about his father's high school days.

Spreading Support Nationally

Organizations created around specific illnesses, such as multiple sclerosis, offer support to child and youth caregivers, but no national organization exists for all caregivers. "I wish I could offer advice about where to send these children," Hunt says, "but the fact is, there is no place or agency to send them to for help...no print material...nothing."

So, where should one start?

Reflecting on what has worked in the U.K., Hunt believes school systems are one place to begin. Teachers, social workers, guidance counselors, and school nurses who are attuned to these kinds of issues can identify children who need support services. In the classroom, teachers should be able to identify a student who has suffered a dramatic change in his life. A student who has been punctual and attentive normally may start arriving late to class or appear extremely drowsy.

If a teacher or other child care professional suspects a student might be caring for a parent, the key is to question the student gently. "If a child is having trouble in school, try to ask if there's someone at home who is not well," Levine says. "Identify [the problem], don't be threatening or critical. Ask, 'Is there something I can do to help you?'"

Hospital discharge planners and health care system professionals can also identify young caregivers. Although many recipients of care do not go through the hospital system, most do. "If you're a nurse and you're sending a patient home to be cared for by a 12-year-old child, this should be raising red flags," Hunt says.

"Chronic illness is a family disease," Law notes, and increasing the care provided to the parent will help relieve the burden on the child. Some families have also found benefits to professional home health care. "There are some resources out there. Families just need to know what's available and how to access those services. A case worker who can do a home visit and assessment for the family would be a tremendous help."

As the National MS Society has seen, parents are the key to helping the children, which is why *Keep Smiling* has proved

Dustin Sordelett, a college freshman at Virginia Tech, is an example of a young caregiver who has benefited from the National MS Society's support. His father has struggled with progressive MS for years, and Sordelett has actively participated in his care. During all the years he helped his mother care for his father and run their home—including chopping the wood used to heat it—Sordelett participated



Maggie Ornstein (right) became her family's primary caregiver at age 17, after her mother (left) suffered a debilitating illness.

successful. The publication is for children but is designed to help parent and child communicate about the parent's disease.

The National Alliance for Caregiving is coordinating a coalition of groups—including the National MS Society, the National Parkinson Foundation, the Alzheimer's Association and others—to work together to obtain funding to develop programs. Other organizations are invited to participate in the coalition.

"The impetus [for this advocacy] can only partially come from the caregiving world," Levine says. "Other advocates must

step forward. The caregiving community has traditionally dealt with the needs of older people and is not in touch with the child's needs, especially in terms of developmental abilities and how that relates to the child's needs."

Based on her experiences, Ornstein dreams of a support network that would help the children who follow in her footsteps: "A database that any child or young adult caregiver could call or e-mail [to] locate other caregivers near them. [The organizing agency] could also

offer recreational activities [and] services for the person being cared for in order to...provide respite to the young caregiver."

In his scholarship-winning essay, Dustin Sordelett, wrote about what can happen when young caregivers receive the support and encouragement they need to walk the path that illness has laid in front of them:

One impact my father's MS has had on me is to realize that today is promised to no one...My father's illness has also made me realize that I can't have everything so many of my friends have...But my life is full of so much more than things...I have learned that things do not make one happy—happiness comes from being loved and grateful for what one has. And I am both loved and grateful. ✨

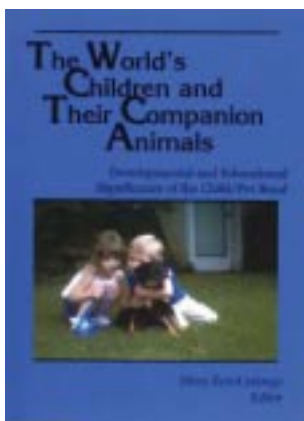
Deborah J. Amend is a freelance writer in Cincinnati, Ohio.

Resources

- **Lotsa Helping Hands**, www.lotsahelpinghands.com
This website allows family and friends to create simple, private calendars to organize care for a chronically ill person. Simple templates allow a care coordinator to list the needs of the ill individual. Family and friends who have been granted access to the calendar can sign up to help.
- **National Alliance for Caregiving**, www.caregiving.org
A full copy of the *Report on a National Survey of Young Caregivers in the U.S.* is available, as well as general tips on caregiving, although the focus is on adult caregivers. For information on the alliance's efforts to form a coalition or organizations to develop programs for caregivers, e-mail info@caregiving.org.
- **Rosalyn Carter Institute Caregivers Program**, www.rci.gsw.edu/gsta4.htm
The site contains links to caregiving services and resources around the world.
- **United Hospital Fund**, www.uhfnyc.org
Contains a full copy of the *Report on a National Survey of Young Caregivers in the U.S.*
- **YCNNet**, www.youngcarers.net
Funded by the Princess Royal Trust for Carers, the website contains a wealth of information about what the United Kingdom is doing for its child caregivers.

The World's Children and Their Companion Animals: Developmental and Educational Significance of the Child/Pet Bond

Mary Renck Jalongo, Editor



Internationally renowned physician Albert Schweitzer once said, "We need a boundless ethic which will include the animals also." It is just such an ethic, an ethic of compassion and generosity, that holds the greatest promise for more responsive parenting, more compassionate teaching, and a more tolerant and just society.

Foreword: Stars in a Child's Universe by Michael J. Rosen

Introduction: The Special Significance of Companion Animals in Children's Lives by Mary Renck Jalongo with Marsha R. Robbins and Reade Paterno

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- * Bonding With and Caring for Pets: Companion Animals and Child Development
- * Companion Animals in the Lives of Boys and Girls: Gendered Attitudes, Practices, and Preferences
- * Companion Animals at Home: What Children Learn From Families

Part Two: Companion Animals in Schools and Communities

- * A Friend at School: Classroom Pets and Companion Animals in the Curriculum
- * Animals That Heal: Animal-Assisted Therapy With Children
- * Global Companion Animals: Bonding With and Caring for Animals Across Cultures and Countries
- * Portraying Pets: The Significance of Children's Writings and Drawings About Companion Animals

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- * Companion Animals in Books: Themes in Children's Literature
- * Companion Animals and Technology: Using the Internet, Software, and Electronic Toys To Learn About Pets

Afterword by Mary Renck Jalongo

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Today's Foster Care **CAMPAIGN**

An Integrated Marketing Approach

By Daniel Stein

If you were to ask people living in New York City's highest-needs communities what they think about the quality of their local foster care system, what answer would you expect?

If you're like most people in the field, you would probably assume an overwhelmingly negative response and expect to hear that the system is broken, right?

Wrong. When True Insight Marketing researched this and other questions, we were surprised and delighted to learn that, contrary to popular belief, people in New York's high-needs communities are more positive, interested, and knowledgeable than anyone had anticipated. This information is significant and has been critically important in developing the core messages we've embedded in marketing materials for New York City's Administration for Children's Services (ACS).

Beginning in 2001, True Insight Marketing started working with ACS on an advertising campaign called Today's Foster Care to improve ACS's recruitment and retention of foster parents—a daunting task in any system, no less in New York City.

We've operated under the premise that if it is everyone's job to recruit new families, then we need consensus around what we are saying and how we are saying it so we don't send the wrong messages. Our work, therefore, has concentrated on five areas: business process improvement, community engagement, branding, marketing and communications, and leadership and development. This work has yielded positive, measurable results, and we have learned a tremendous amount.

Our marketing research, in particular, revealed powerful information that can contribute to fundamentally changing awareness, attitudes, and behaviors. Individuals and organizations outside New York City responsible for recruiting, supporting, and retaining foster parents may find this information useful and applicable in their own communities.

Change a Lifetime Beginning this May

CWLA, once again, is joining 13 other organizations to recognize and promote May as National Foster Care Month—an opportunity for people nationwide to get involved as foster parents, volunteers, mentors, or employers, or in other ways. It's also an opportunity to show appreciation for the dedication of the foster families who care for more than 500,000 children and youth, and the social workers who support them.

This year's campaign theme is *Change a Lifetime: Share Your Heart, Open Your Home, Offer Your Help* and will focus heavily on how to get involved in the lives of young people in foster care. The campaign's website, www.fostercaremonth.org, is a year-round resource containing facts and statistics on foster care, links to partner organizations, a toolkit on how you can help, stories from foster parents and foster care alumni, a calendar of events in your state, and official pins, ribbons, and campaign posters for purchase.

May was first declared National Foster Care Month in 1988 in a measure introduced by then-U.S. Senator Strom Thurmond (R-SC). The first President Bush issued annual proclamations during each year of his presidency, which moved states, counties, and cities to issue their own proclamations. The primary focus of early efforts was appreciation and recognition for the tremendous contributions of foster parents nationwide.

During the 1990s, the focus was on youth in transition, and under the leadership of the National Foster Care Coalition and Casey Family Programs, Foster Care Month became a significant part of the drumbeat that ultimately resulted in the passage of the Chafee Foster Care Independence Act.

Today, National Foster Care Month focuses on calling on all Americans to take action on behalf of children and youth in foster care, and to ensure Americans know how they can change a lifetime in their own communities, starting in May and extending year round.

The Key Objectives

Today's Foster Care campaign, which ran from May 2003 to November 2004, had four key objectives:

- Increase recruitment of new families to care for the types of children coming into care today, and within the communities where the children live.
- Encourage retention of foster parents by acknowledging and reinforcing their important contributions.
- Create more linkages between the contracted foster care agencies, the community, and ACS. More than 95% of the more than 16,000 children in foster care in New York City are cared for by nonprofit agencies that have contracts with ACS.
- Create a statistically reliable baseline to track and measure results over time.

The Today's Foster Care advertising campaign is only one part of a multilayered program that also includes community outreach, distribution of campaign materials, agency collaboration, and training for recruiters on subjects such as customer service and marketing fundamentals.

When most people think of marketing or advertising, they think of funny, witty, or inspirational commercials that appear on television, the radio, or in print ads. What the average person might not realize, however, is that it can take a year or more to research, design, and craft a message that clearly articulates the real benefits, attributes, and unique selling points for a specific target audience. Given the high cost, overwhelming media clutter, and complexity associated with advertising, it has been critical for our message to capture the attention of prospective foster parents but not alienate current foster parents, birthparents, and youth.

As we started working, we quickly discovered that fundamental consumer information didn't exist for child welfare in general, and specifically not for New York City. So we designed and executed a research plan that began with a series of focus groups to test various advertising concepts and gather qualitative insights about the current issues and opportunities among our target populations. We then implemented 602 in-depth phone surveys with prospective and current foster parents. We gathered quantitative data to build a baseline of perceptions associated with foster care, the child welfare system, licensing requirements, and sociodemographics to measure our marketing program.

After the first five-week flight of media—the industry term for the period of time during which advertising is run—we fielded another 604 in-depth phone surveys to measure communications and whether the campaign had any impact on viewers' awareness and attitudes toward foster care, ACS, and the child welfare system.

Let the Data Speak

So what did people think about New York's foster care system?

- Contrary to popular beliefs, most prospective foster parents (58%) believed the system was doing a good or very good job.
- Nearly all current foster parents (95%) were satisfied with their experience as foster parents.
- Most people were familiar with most of the requirements to become licensed.
- Only 25% knew or guessed the actual number of children in foster care.
- Most interesting and surprising was that nearly 25% of those surveyed said they were interested in becoming foster parents themselves.

Before designing and creating the advertisements, we took all of the relevant research information and ran it through a sophisticated statistical regression analysis to determine the most important information to include in our communications. The statistical modeling predicted that four factors, when combined, would have the most influence on people's consideration about becoming a foster parent:

- People want to join a winning team—they want to know the system of care is healthy and stable and provides appropriate support.
- They are motivated by the magnitude of the problem—the absolute number of children in foster care in their community makes the issue personal and close to home.
- People want to know they can help a specific child right now.
- People feel they have what it takes to make a difference. They might not have a lot of money, a big house, or higher education, but they can provide a safe, stable, caring home.

We also confirmed that people who are already acquainted with foster parents were more likely to be interested in becoming foster parents themselves. Socioeconomic, education, or employment factors had little predictive importance.

Results Validate Research Predictions

So, was the research right? Absolutely. The campaign was highly effective in helping to achieve our goals.



In fact, during the 10 years I worked in marketing at Kraft Foods, I never saw an ad campaign that was as effective in changing awareness or attitudes from an introductory flight of media.

We measured results in several ways. First, we tracked call volume through the ACS hotline, which increased 63% during the initial five-week flight of media, and 25% over the first year, 2003–2004, compared with the previous 12-month average—excluding calls that went directly to provider agencies. As intended, these calls were disproportionately concentrated in the targeted high-needs communities, which had received more media and marketing support.

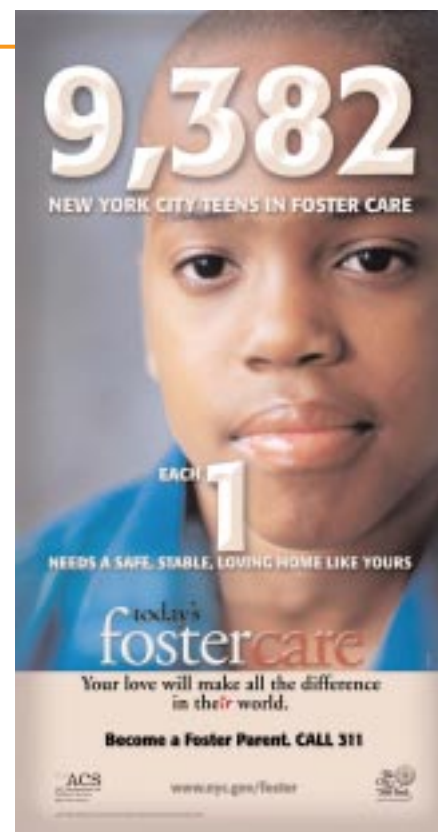
After the first media flight, we conducted follow-up research and confirmed that our messages were understood and resonated well with our target audience. The most striking finding was that the campaign statistically improved people's awareness and positive attitudes toward foster care, ACS, and the child welfare system.

Finally, our measurements of new foster parent certifications in high-needs communities, associated with campaign-related inquiries, revealed an 18.4% increase from January to May 2004, compared with the same period in 2003. We measured new certifications beginning nine months after the initial media flight, since we know it takes approximately that long to complete the certification process in New York City.

Information You Can Use

Because the quantitative data is specific to New York City, I can't guarantee the findings are applicable to other locations. Based on our work across the country over the past seven years, however, I strongly believe many of the core messages are transferable to other markets.

Incidentally, we expect to learn more from this year's National Foster Care Month campaign. Since 2004, True Insight has coordinated this national publicity campaign using messages similar to the New York campaign. The 2005 National Foster Care Month campaign generated some 145 million advertising impressions during May, which increased awareness of foster care, and also generated a four-fold increase in inquiries to the National Foster Parent Association, and a 50% increase in inquiries to the National Court-Appointed




Special Advocate Association—2 of the 14 partners involved with National Foster Care Month.

The potential pool of foster parents could be much larger than anyone thinks. Successfully reaching even a small percentage of people with latent interest would significantly increase this pool—remember that 25% of people surveyed in New York City said they had interest in becoming foster parents.

Also, by combining several select message points, it's possible to increasing the power of your communications. If true for your system, these message points should include the existence of positive attitudes toward foster care and the child welfare system, high satisfaction levels of current foster parents, the specific magnitude of the problem locally, and the opportunity for regular people to use their innate desire to help make a difference in a single child's life.

Finally, targeted marketing programs can be effective for stimulating interest, changing attitudes, and generating new certified homes. These programs can also provide a positive halo for your organization's other initiatives. For public systems, it provides an opportunity to begin proactive discussions with the people in the communities where foster homes are needed most.

My hope is that in the near future, the field of child welfare can definitively provide the answers to some of these fundamental questions about its "customers." If the whole system really depends on good foster parents, we need to use all the tools available to recruit, support, and retain them. 

Daniel Stein is President and CEO of True Insight Marketing, Huntington, New York.



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primary job of the board is to select, support, and retain an exceptional executive.

- Do I support the executive to take bold action on behalf of the clients we serve? Anybody can make cuts—it takes courage to be bold.

On page 13 is a suggested checklist for the annual review of the board's performance. Each board member should make his or her own assessment before compiling an overall assessment. One suggestion would be to use three separate small groups of board members to grade overall board performance, using one group to evaluate the board's performance for each heading.

Mission, reality, and people—that's the correct priority order. It's tempting to assume all agency problems can be corrected by changing people, by hiring a new executive. But both mission and reality should be examined thoroughly before making a change in leadership.

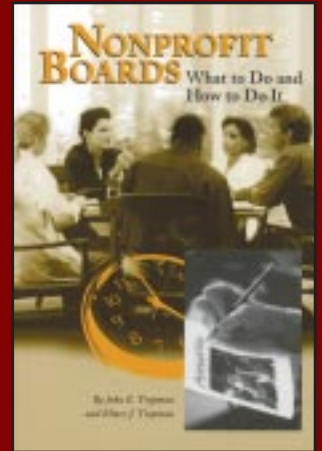
These are challenging times for the survival of child welfare organizations. We need great staff, but more importantly today than ever before, we must have boards that are passionate about our missions. ✱

Charles L. Baker is the President of Baker & Company, Louisville, Kentucky, providing support for nonprofit boards, executive coaching, and executive talent matching. Interested in sharing your thoughts on reviewing the performance of boards? Contact him at charlie.baker@insightbb.com or 502/290-4316.

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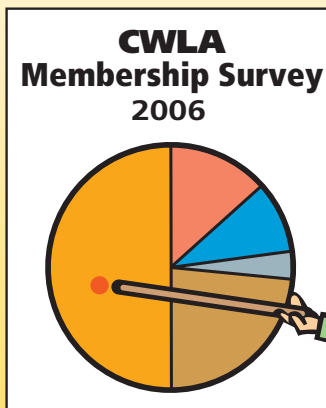
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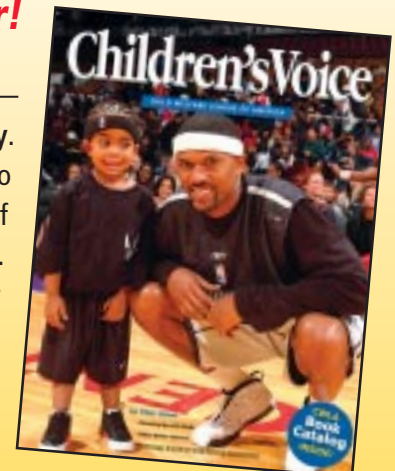
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Snuffing Out Secondhand Smoke in Foster Homes

Collins notes that if foster parents violate the policy, it's unlikely DSS will remove the child from the home, unless the child has severe asthma or another health condition that warrants immediate removal. DSS will instead remind the parent about the county's policy, which now clearly outlines smoking regulations.

Collins doesn't believe the new policy will put a dent in foster parent recruitment efforts. If it does, "It's a risk that's worth taking."

Foster parent recruitment was a particular concern for Adoptive and Foster Families of Maine (AFFM) when Maine began regulating exposure to secondhand smoke in foster care homes a few years ago. "The timing was poor for creating a new potential barrier to recruitment and, moreover, to retention," recalls AFFM Cofounder and Liaison Director Bette Hoxie. The organization also opposed making the regulation a licensing violation with limited licensing staff in the state to police the situation.

Otherwise, Hoxie said she is glad Maine has moved forward with the new nonsmoking licensing policy. "As a nonsmoker with asthma, I am personally pleased whenever individuals are forced to not smoke."


Maine's policy prohibits foster parents from smoking while a child is in their care. If the child leaves the home, smoking is not permitted in the home within 12 hours of the child's scheduled return. Maine foster parents are also prohibited from smoking in their cars while transporting a child in foster care, or less than 12 hours before traveling in the car with the child.

So far, Maine's Bureau of Child and Family Services has not rescinded the licenses of any foster parents who have violated the smoking policy, but it has created working agreements with violators to ensure future violations don't occur, explains Linda Brissette, Foster Home Licensing and Children's Services Program Specialist for the State Department of Human Services. Maine has approximately 2,516 children in care, and about 1,193 licensed foster homes.

"I don't think it's caused a reduction in the numbers of parents smoking, but I do think they are complying with it and going outside the home to smoke," Brissette says.

In general, people in Maine tend to be environmentally conscious, Brissette explains, and they have embraced smoking bans in public facilities throughout the state. Adding foster homes to the ban has not caused much of a stir. "I think it makes sense to people."

As far as Brissette is aware, the policy has not thwarted parents' interest in bringing children into their homes. Hoxie agrees, admitting her earlier worries about a negative effect on foster parent recruitment have not materialized. AFFM's office regularly handles foster parent allegations and complaints, but nobody has called to complain about the ban on smoking in foster homes.

"I'm guessing people are adapting to it very positively," Hoxie says. 

As a smoker for 24 years, Lee Collins can recall sitting in a restaurant and not thinking twice about lighting up after dinner. "That was the old days," says the Director of San Luis Obispo County's Department of Social Services (DSS) in California, who quit smoking 15 years ago.

Today, states and localities nationwide are taking steps to ban smoking from bars, restaurants, and other public facilities. Some states and counties are now adding foster homes to the list. Alaska, Maine, New York, Oklahoma, and Washington State, for example, have all set rules on foster parent smoking habits. In California, where social services are county administered, San Luis Obispo County is the latest jurisdiction to jump on board with regulating when and where foster parents can light up.

Last November, San Luis Obispo County's five-member Board of Supervisors unanimously voted in favor of a new policy crafted by DSS that limits smoking in foster homes. The San Luis Obispo County Foster Parent Association backed the policy.

Anyone who has custody of a foster child, including relatives, cannot allow children in their care to smoke, nor buy them tobacco products, according to the new policy. Also, children in foster care must maintain at least a 20-foot distance from secondhand smoke, and cars used to transport children in foster care must be smoke-free for at least 12 hours before the child gets into the car.

"In San Luis Obispo County, we have about 350 foster children in our care, and as the legal parent of all those children, my belief is that they ought not be exposed unnecessarily to something that is going to affect their health and ultimately kill them if they continue being exposed," Collins says.

For children, breathing secondhand smoke can lead to a variety of health problems, including asthma, Sudden Infant Death Syndrome, bronchitis, pneumonia, and ear infections.

Other Voices

The Secret Power of Ignorance

By Michael Piraino



I don't know why, as adults, we think we know everything. Maybe we just automatically subscribe to the theory that as we get older, we get wiser. What I think actually happens is we become more jaded and we mistake that for knowledge. I think we all agree that age does not teach us. Experience does. That's why some of my most powerful learning experiences have come from folks far younger than me, but wise beyond their years.

It occurred to me early in my career of advocating for foster children that I needed to find a path to communication with them. This path led me to accepting my own ignorance. I'd like to introduce you to the moment I embraced that ignorance, and the impact it's had on me and thousands of foster children for the past 25 years.

I could barely contain my anticipation. My wife and I were at the airport, in an area specially set aside for parents and their young children, waiting to greet our newly adopted infant son.

Despite my nervousness and expectation, I couldn't help but notice a little boy somberly absorbed in squeezing blobs of play clay. After a few minutes, I sat on the ground next to him. He looked at me. I asked what he was playing with. He studied me for a beat and then said, "Play-Doh."

"Play-Doh? You eat that, right?" I asked.

A smile lit up the boy's face. "No, you don't," he corrected me. "You play with it. You make things with it!" And for the next several minutes, my little friend cleverly demonstrated how to make squiggly ropes and lopsided balls. Then the plane arrived. Families were reunited. The little boy walked off hand-in-hand with his parents. And tears filled my eyes as I held my son.

Of all the memories of that life-changing day, the little boy playing with Play-Doh is one of the most vivid. I believe it's because I chose to step out of my immediate situation—crowded as it was with strong emotions and thoughts about the future—to let a child show me what was most important to him in that moment. He took utter joy in being the expert, letting an ignorant adult into his world.


One of the most important things I have learned through my 25 years as an advocate for foster children is that I need to be ignorant. And I encourage court-appointed special advocate and guardian ad litem volunteers to do the same thing.

Becoming ignorant means setting aside preconceived notions. Others may call this idea "being present." Regardless of what it's called, the goal is to let everything you think you know about a given situation drop away. In so doing, you are able to get to the child's level, to understand a child's world as she sees it. And your being at her level offers the child a chance to reveal the important feelings and thoughts that are crowding her world.

Being on the child's level creates the space to hear crucial things—like from the street kid who said he wanted to go to college "just like a normal person," the youngster who told his volunteer he waited all of his life for the day she walked with him on a beach, or the Native American teen who described his vision quest as the time he "came alive" to the world.

I wish solving kids' problems was as easy as squishing Play-Doh with them. It's not. But suspending what you think you know lets the child usher you into his or her world. That kind of presence not only changes the life of a child, it changes yours, too.

As we think about the more than 500,000 children who are in the foster care system, and ways we can help them, I encourage you to embrace your ignorance. Learn from the child who hasn't been given a fare shake at life. You know if you get through to him you can make a difference in his life—but first, give him a chance to make a difference in yours.

That's the power of being ignorant. 

Michael Piraino is CEO of the National CASA Association, Seattle, Washington.

"Other Voices" provides leaders and experts from national organizations that share CWLA's commitment to the well-being of children, youth, and families a forum to share their views and ideas on cross-cutting issues.

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"Systems of care are already stretched and struggling to meet the needs of vulnerable children and their families. The aftermath of Hurricanes Katrina and Rita could easily overwhelm these already challenged safety nets."

—**Keith Liederman, CEO**
Kingsley House, New Orleans

"All of the children are understandably frightened and upset because they have not been able to contact family members. The staff is working around the clock to deal with their anxiety and stress. Most of the staff have sustained damage to their homes and apartments, have been without power, and are having difficulty finding gas to be able to drive to work."

—**Chris Cherney, CEO**
Mississippi Children's Home Services

"Most of the boys evacuated from St. Francis Academy homes have never been outside of Mississippi, so they have been scared by the change in scenery after their trek across the states...The local women's prison sent over afghans for the youth, and those prisoners who are from the south have worked to put together a southern cookbook for the St. Francis Academy."

—**Sharon Ringle, Vice President**
St. Francis Academy

Prescription for Disaster

By Susan Donaldson James

*One family's
experience
illustrates the
problem of access
to health and
mental health
care for children
of immigrants
nationwide.*



PHOTO BY SUSAN DONALDSON JAMES.

The Tajiboy family (l-r): Jessica, Yohana, Rumalda, James, and Anthony.

Five-year-old Anthony Tajiboy waited for the school crossing guard to raise a stop sign at the busy intersection in Trenton, New Jersey, one warm May day in 2001. He was just steps ahead of his mother as she turned to clutch the hand of his 10-year-old sister, Yohana, who was lagging behind.

No one saw the car coming. It careened into Anthony, tossing his little body 40 feet, crushing his arm and twisting and shattering the femur bone in his leg. The driver—a 40-year-old “American woman”—received only a ticket for failing to stop, according to Anthony’s father, Salvador Tajiboy, a soft-spoken Guatemalan who refinishes furniture to support his wife and four children. “For the police, the accident wasn’t a big deal,” he says, “but it was the hardest day of my life.”

After a four-day hospital stay, Anthony returned home in a wheelchair with a cast on his arm and a metal pin in his leg. But the little boy’s emotional wounds went untreated. Until only recently, he couldn’t sleep alone in his bedroom, and he awoke crying every night with frightening dreams.

The family never sought help for their little boy. It wasn’t a question of money—Anthony is U.S.-born and entitled to the full range of Medicaid benefits, including counseling—but for the last 14 years, his parents have been undocumented immigrants. Every encounter with police, hospitals, and other authorities poses a risk their invisible lives will be exposed.

“I felt powerless and hidden—not able to talk, to express myself freely,” Tajiboy explained in Spanish, as a friend and his U.S.-born children translated. “It is better to not say anything.”

Coping with More Stress, Less Help

Government data released in January 2006 shows Hispanics are falling further behind in receiving quality medical care in areas like mental health. Half of all immigrant children live with families with incomes below the national poverty level, and nearly all are uninsured. Their lives are fraught with emotional distress, yet few have access to mental health care.

The Urban Institute, in Washington, DC, estimates some 12 million undocumented immigrants live in the United States. As many as 500,000 live in New Jersey, home to the fifth largest immigrant population in the nation, according to Seton Hall University's *Study on Migration and Work*.

Like the Tajiboy, about 85% of all immigrant families have mixed legal status. The New Jersey Immigration Policy Network says undocumented parents rarely take advantage of Medicaid benefits for their U.S.-born children because they don't know their rights or are afraid to confront authorities. They fear deportation, having to repay costs, or jeopardizing family members who are noncitizens.

Anthony, now 10, and his two younger siblings qualify for programs like Medicaid, but 15-year-old Yohana, who was born in Guatemala, does not. Immigration advocates say parents are confused by eligibility rules and hesitate to ask questions. When families do seek help, agencies often lack bilingual services.

"The disparity between citizens and immigrants is alarming," researcher Helene Tobin wrote in a report about New Jersey's Immigration Policy Network Access Project, adding that many families deal with depression, anxiety, and separation issues.

Established in 1965, Medicaid was one of many sweeping initiatives under President Lyndon Johnson's War on Poverty. Today, the federally funded program, which is administered by the states, serves 53 million Americans. Nearly half are uninsured children of working parents.

The 1996 welfare reform law, signed by President Bill Clinton, restricted access to Medicaid, however, barring undocumented immigrants from benefits. Under new regulations for eligibility, only Anthony and his U.S.-born siblings are entitled to assistance. Their older sister and parents are not. Only "qualified aliens"—those with green cards; political refugees, such as Cubans and Haitians; asylum seekers; and women and children who have been battered by citizens or lawful residents—are allowed benefits.

Although Medicaid technically covers children who are U.S. citizens, fewer New Jersey agencies are accepting those patients, according to family therapist Maryanne Corica. Until last year, she treated patients at Family and Children's Services in Hightstown, New Jersey, which dropped Medicaid because it only reimbursed service providers \$26 a visit. Typically, psychologists charge \$90–\$150 for one session. Those agencies still accepting Medicaid, such as Catholic Charities, have long waiting lists.

"The mental health issues that are most prevalent for kids we see are anxiety, depression, self-inflicted violence, and trauma from physical or sexual abuse," says Corica, who now works in private practice. "So on top of these issues, add in financial struggle and no insurance, and a family is intensely stressed."

Undocumented immigrants earn low wages as laborers, factory workers, maids, and janitors, jobs where health benefits can be scarce. When employers do offer insurance, the premiums are high. With poverty, mental health professionals say, comes stress. Families often live in crowded apartments, sharing with friends and relatives.

Children are enrolled in school but often miss class to help working parents with siblings; many drop out at 16 to earn money.

The Tajiboy, have depended on an underground network of other immigrants to help them manage their lives and keep their legal status hidden from authorities. Like others, they cannot drive and rely on the kindness of friends to transport them to work or to the doctor. Salvador works at an antique store; his wife, Rumalda, cleans houses. Their combined yearly income is about \$24,000, just below the national poverty level of \$25,210 for a family of six. But they manage.

After Anthony's accident, the driver's insurance company paid the medical bills for the hospital stay. But the family has paid cash for subsequent weekly doctor visits and physical therapy, which have helped Anthony's leg recover. The follow-up care will continue until he is 18.

The Journey to New Jersey

Salvador and Rumalda Tajiboy began their journey in 1992 in Guatemala, a Central American country wracked by a 36-year guerrilla war that resulted in 1 million refugees and the deaths of more than 100,000 people.

"We were very poor, and it was a struggle to survive," Salvador says. "The economic situation was bad, and because of the guerrillas, we were always afraid."

The journey to the United States was worth the risk. The couple borrowed \$8,000 to pay a "coyote" to smuggle them across the Mexican border into Arizona. Their infant daughter Yohana was left in the care of her grandmother, where she would remain for nearly eight years. The trek on foot through the Mexican mountains was frightening. After the arduous crossing, they were left in the desert for four days without food and water, believing they would die.

The coyote eventually returned with burritos and water, but they learned very quickly not to trust anyone. One year later, after their arrival in New Jersey, the couple gave a lawyer thousands of dollars to help them legalize their status as asylum seekers. He ran off with their money. "After a while, we just gave up," Salvador recalls.

By the mid-1990s, employment was plentiful in the central New Jersey suburbs—a high-end housing boom raised the demand for landscapers, roofers, cleaners, and maids. Salvador found a job where he could use his skills as a carpenter; Rumalda worked as a cleaner. After sharing accommodations for years with friends, the couple eventually could afford to rent on their own—a neat, clapboard row house in Chambersburg, a traditional Italian neighborhood in the state capital of Trenton.

Life improved. Anthony was born in 1996, and in 2000, Yohana joined the family in New Jersey. "We thought she would be better off here," said Tajiboy. "But my daughter would cry, because she did not recognize me." Soon came Jessica, now 5, and then James, 3.

Living in Legal Limbo

For the first few years after the accident, Anthony's parents could still see the trauma in his soft brown eyes. The little boy who used to outrun his playmates was easily discouraged when he tired after 30 minutes and couldn't keep up—one of his legs is an inch shorter than the other. But soon, the bad dreams subsided—until a new nightmare began.

On a dark morning in 2004, the family was awakened at 5:00 by a loud banging at the door—10 armed federal agents from U.S. Immigration and Customs Enforcement raided the home, taking

Anthony's father and two family friends into custody. The officers were looking for someone else, but when they discovered Salvador had no papers, they arrested him and threatened him with deportation.

After September 11, 2001, the U.S. Department of Homeland Security launched a federal crackdown to find foreign nationals with outstanding deportation warrants. In 2005 alone, more than 157,000 immigrants were deported nationwide.

Rochelle Portalatin, a bilingual therapist, says separations—both when immigrant parents leave their children behind, as well as when a parent is deported—leave children with psychological scars. For Latinos, “family is everything,” Portalatin says, and traumatized children like Anthony have no place to turn.

“A lot of these kids whittle their time and do the best they can, and some go to counselors at school,” Portalatin says. “But children are put at risk, and it’s a complicated grief process.”

Portalatin has seen a lot of major depression in children. One teenager in particular came to the United States with his parents when he was a little boy and was left with his grandmother in the country. The boy eventually reunited with his mother, but it wasn’t until he lost a friend in a car accident that all the issues surrounding the early separation from his parents began to reemerge in the form of nightmares, shaking, and uncontrollable crying.

“He couldn’t understand his post-traumatic feelings,” Portalatin recalls. “But it all went back to the old experiences of loss with his mother.”

Her patient did well in therapy, but the mother, who relied on him to babysit younger siblings, pulled him out because it was too expensive. “You cannot do the therapy until these families have food, clothing, a house to live in, and all the bills are paid,” Portalatin says.

The consequence of not providing mental health services to families “means they’ll get access when they’re sicker,” she says. “All these things play havoc on kids.”

A maze of legislation since 1986 has not halted the waves of immigration, particularly in gateway states like New Jersey. Despite increased border patrols and the presence of controversial vigilante groups like the Minutemen, illegal immigration is up 23%, about 485,000 a year since 2000, according to the Center for Migration and Immigration Studies at Princeton University.

In December 2005, the U.S. House of Representatives passed a sweeping enforcement bill to reduce the illegal immigrant population, dropping many proimmigration provisions, despite objections from business groups and immigration advocates. The turbulent, anti-immigrant atmosphere in America leaves families like the Tajibos in a state of psychological and legal limbo.

“There’s a lot of pain centered on their legal status,” says immigration lawyer Ryan Lilienthal. “It’s logical to argue they entered illegally. But what is the smartest way to approach this if you want them to be beneficial U.S. citizens? Call them criminals and deport them all? For every 100 deported, 95% will come back.”

Feeling Less Afraid

Just three weeks before Salvador’s immigration hearing, the family rested in their Trenton home. They were hoping their plea for asylum would allow them to stay in the United States. Rumalda was not charged, but Salvador decided the whole family would

return to Guatemala if he were deported, even if Anthony could not continue the physical therapy that had been so successful.

Torrential rain slapped against the windows of their row house, but the living room was warm and inviting. Anthony and Jessica draped themselves across their father’s lap on the sofa, as



Anthony and Salvador Tajiboy.

PHOTO BY SUSAN DONALDSON JAMES.

Yohana sat nearby on the floor at her mother’s knee. James slid up and down the carpeted stairs, pretending he was Spider Man. Family photos crowded the mantel of the boarded-up fireplace. Towering over the display was the largest framed picture of all—the imposing skyline of Manhattan.

“When I was in Guatemala, I heard this

was a just country and a place of opportunity,” Salvador said through a translator. “Everybody seems free here, and there’s an opportunity to work. I pay my taxes, but I have to ask favors to get my son to the hospital. I see so many broken-up families—it’s an injustice, but I still believe in this country.”

Salvador appeared in immigration court in May 2005 for a decision on his deportation. The judge approved a “cancellation of removal,” meaning Salvador could have his green card and apply for citizenship after a five-year waiting period. Most cases do not have such a happy ending.

“For the first time in my 20 years of practicing before the immigration court, the district counsel has recommended to the judge that he be granted relief,” said Tajiboy’s lawyer Steve Traylor.

Today, Anthony is less afraid. He is doing well in his fifth-grade studies and just moved back into his own bedroom to sleep at night. The doctor says he can begin to play a little soccer in the spring. Rumalda and Yohana still have no documentation, but Traylor is optimistic about Salvador’s petition to the court to grant them legal status. “The government could go after them,” he said, “but I doubt it.”

For Salvador Tajiboy, the hardest part of the ordeal was not having a voice. “I live with the injustice,” he says. “But after Anthony’s accident, my plans and dreams disappeared. I feel worthless, because I can’t help my children.” 🌱

Susan Donaldson James is a freelance writer in New Jersey.

What do you think?

Although this article focuses on the experiences of one family in one state, families nationwide face similar obstacles obtaining health and mental health care for their children. *Children’s Voice* invites readers to share their experiences—both challenges and successes—serving families in other states and communities. Those accepted for publication will appear in Readers Write (letters to the editor) or in one of the *Voice’s* other regular departments, such as Agency Briefs or State of the States. Submissions are subject to review and available space, and submission does not guarantee publication. Send submissions to voice@cwla.org.

A Heart for the Homeland

Hidden in the mountains, in the shadows of the ancient Incan ruins of Cusco, Peru, are many abandoned children who often go without basic amenities for survival. As an infant, Ana Dodson was adopted from this region. Her American family raised her in a home full of love and anything she could ever need.

Despite growing up in Colorado, far from where she was born, she did not forget her heritage. In 2003, at the age of 11, Ana and mother Judi Dodson took part in a homeland trip to Peru to return to the area where Ana was born.

Acutely aware of her own past as a Peruvian orphan, Ana collected teddy bears and books to give to disadvantaged children. During the trip, she met the children of a Cusco orphanage while distributing goods. Observing their dire circumstances, she realized, "I could have been one of these girls. I'm so lucky to be here."

The children had never had outside visitors. Before leaving, Ana recalls saying goodbye to a little girl named Gloria, who, with tears in her eyes, told Ana, "You'll never forget us, and you'll help us one day." The images and sentiments from her first trip stayed with Ana once she returned to Colorado, and the idea for Peruvian Hearts was born.

Peruvian Hearts (www.peruvianhearts.org) is the nonprofit organization Ana created to help the children of Peruvian orphanages. Thus far, the organization is primarily in contact with Hogar de Mercedes de Jesus Molina, an orphanage that houses about 16 girls, ages 1–15. Peruvian Hearts works within the United States to increase awareness about the status of orphans in Peru and to raise money to improve their quality of life.

Peruvian Hearts has essentially become a kids-helping-kids organization, spreading its mission by word of mouth in schools nationwide. Ana makes presentations to clubs and schools, and Peruvian Hearts distributes a regular newsletter. The results have been positive. Children in Colorado, Illinois, Massachusetts, South Dakota, and Wisconsin have helped raise money for Peruvian Hearts. With this money, Peruvian Hearts has purchased necessities and mild luxuries for the children in Cusco, such as vitamins, food, toys, and a tutor to help educate the girls in the orphanage and prepare them for a brighter future.

"Many of these girls are abandoned and abused, but they are so happy to have what they have," Ana says. "They've felt that no one cared about them, and now they know someone cares for them. This kind of attention is all part of the healing process."



▲ Ana Dodson (left) and Gloria, a young resident of a Peruvian orphanage.




▲ Children in Cusco, Peru, receive food, toys, vitamins, tutoring, and other gifts from Peruvian Hearts.

Now the forgotten children amidst the Peruvian hills have become part of a greater international family that is providing them with hope and pleasant memories. Last December, Peruvian Hearts treated the children to a Christmas day feast, which included chicken—meat they had never tasted before. The organization also raises money to feed one meal a day to roughly 100 children in greater Anta, the Cusco province where Ana was born.

Because of the organization's success in bringing attention to the needs of the area, many travelers to Cusco contact Peruvian Hearts to find out more about the orphanage. These travelers have taken detours on their journeys to the region to deliver extra bags of goods to the children.

The nuns running the orphanage have reported back to Ana that the steady supply of vitamins and the yield from a chicken coop paid for by Peruvian Hearts has improved the previously malnourished girls' performance in school and increased daily energy levels. In addition, thanks to a stove provided by Peruvian Hearts, the girls make ornate candles and sell them locally, stimulating interaction between the girls and the community while raising extra income for the children.

Ana, now 14 and in the eighth grade, received a 2005 Prudential Spirit of Community Award. As a national honoree, she received a total of \$6,000, which she used to start "Maria's Fund." Maria was the name of Ana's birthmother, who did not know how to read or write. The fund supports the general continuing needs of the girls once they outgrow the orphanage, and will be used to further their education and provide greater opportunities for them as they grow older.

Ana is proud of her work and hopes the organization can continue to support the orphans of Peru for years to come. "It means so much to them and to me." 

—Ann Blake, Children's Voice Contributing Editor



She might say something like, "Our center needs more help reading to children." Unfortunately, for most men, this state-

So, if you have a problem, and you know men are problem solvers, there's really no reason you can't successfully recruit dads, grandfathers, uncles, and other key men in the lives of children to help you solve those problems. Then you really have no problems at all! 🍀

Children's Voice

If You Never Start

Food for thought about video games and special-needs children.

By Ellen Notbohm

If you never start, you'll never have to worry about stopping." It's an adage that has been with me all my life. It's how my parents talked to the teenage me about smoking; it's how our first pediatrician talked to me about spanking. It's how I explain to people why I never go to Starbucks.

And although this axiom is at work in my life, it is sometimes intuitive rather than a conscious choice. It's the reason we never had Nintendo, Gameboy, PlayStation or any other video game system in our home. There was no actual list in my head of reasons why we shouldn't let our boys, one with autism and one with ADHD, indulge in this very common contemporary pastime. I just let inertia do its job—we didn't have one, and if we never got one, we could just bypass all the fights about which games were okay, how much time they could spend playing them, whether they were interfering with homework, and of course the expense of the never-ending demand for new games and upgraded equipment.

Some years later, our original pediatrician had retired, and we were getting to know a new doctor. He really got my attention with his reaction to an offhand comment I made about not having any video games in the house.

"That is probably the single most important parenting decision you ever made for these kids."

I didn't know him well enough to know whether hyperbole was his style or if this statement was sincere in its incredible weightiness. At the time, I merely accepted it as a nice compliment, but over the years my mind would wander back to it. Seven years later, I finally asked him what exactly he meant. Did he in fact even remember saying it to me?

"Yes," came the answer. "I can well believe I said that. And I stand by it, and here's why: Video games—all video games, not just the violent ones—magnify the issues of ADHD, obsessive-compulsive disorder, autism, and related disorders."

You already know the arguments against video games, that they are addictive, over-stimulating, and unrealistic, and that some reward socially unacceptable behavior. But the bottom line is much more subtle, even insidious. No parent or teacher, my pediatrician says, can compete with the sheer pace of a video game. Real life simply does not and cannot move that quickly, reward that quickly, and wipe-out-and-start-over that quickly. The artificial expectation it sets up for the child is insurmountable. By comparison, life in real time, at the speed of real life, is boring. Already overstimulated, the child seeks even more stimulation. The child who is already hyper becomes yet more hyper.

Of course, I can't tar all video games with the same brush. Worthwhile ones are out there. But it's sobering to confront just how actively video games can work against the very chal-



lenges we are trying to surmount when the child or student has autism, ADHD, obsessive-compulsive disorder, oppositional-defiant disorder, fetal alcohol syndrome, depression, or any other condition that nips at the heels of their social functioning, motor development, and sensory integration.

Sensory overload. Video games overstimulate the visual and auditory senses while offering no involvement of the other three. The drum-like repetitive action and artificial sound encourages perseveration. Jana Cahill, an adult with autism, tells me, "Video games are not what they used to be" and that the action has become "too real, too bright, and too fast." The games have become ever more intense, she says, and "being an autistic, the graphics give me a headache until I get used to the games."

Hand-eye coordination. You've heard the argument that video games are good for hand-eye coordination. There are about a jillion activities that do so much more constructively: drawing, puzzles, blocks, Legos and other building sets, dressing dolls, digging dirt, Nerf sports, kitchen pursuits, musical instruments, puppets, almost any craft activity or sand box pursuit, just to name a few. "I don't believe video games improve hand eye coordination," Cahill says. "If it's bad to begin with, it only gets worse."



Inactivity. “Get up offa that thing!” James Brown shouts in a 30-year-old song. We can no longer avoid the alarming information about obesity and other organic diseases that are escalating sharply among today’s children who aren’t active enough. But there’s more: A growing body of evidence suggests that cognitive learning is directly related to physical activity. Schools that incorporate physical activity into their academic programs report increased concentration; improved math, reading, and writing scores; and fewer disruptive behaviors. My own son made marked leaps in reading, math, and general cognition immediately after learning to swim and, later, ride a bike.

Fantasy vs. reality. Distinguishing between fantasy and reality requires the ability to engage in perspective taking, something many children with special needs are notoriously lacking. That inability has ominous implications as applied to Ninja-chopping, motorcycle-crashing, machine gun—blasting video games—or any other “harmless” fantasy portrayal. Do you dare imagine what Wyle E. Coyote really looked like after he went over that cliff with a cache of dynamite?

Last year, my son’s social studies class had an assignment in which each student presented a short speech “in character” as a famous ancient Greek. Bryce chose Alexander the Great. (“The only name on the list I could pronounce,” he said, only half-joking.) His classmate Michael chose Zeus. When I commented that Zeus was mythical, as opposed to Alexander, who was quite real, Bryce’s startled reaction was, “What? Does Michael know this?”

I met up with Michael’s mother at school shortly thereafter and relayed the question to her. She rolled her eyes a bit sadly

and replied, “Does Michael ever know the difference between fantasy and real?”

It’s something to consider if your child suffers from nightmares and can’t quite tell you why.

Rewarding unacceptable, illegal behavior. Is it realistic to expect the child who struggles with perspective to understand the destructive action in a video game is “for entertainment only?” This is the part I find most scary. Games whose object is to blow up opponents or lop off their body parts give instant positive reinforcement for successful violent behavior. Worse, as opposed to TV, the child is participating in the violent activity rather than merely watching it.

The worst-case scenario: These are behaviors that, if emulated, could later land him in jail. The nuances of law enforcement are going to be challenging enough without the added handicap of pondering helplessly why some behavior is okay in a favorite game but not okay on the corner of 5th and Elm.

Social skills vacuum. Think of all the elements that go into healthy social development—engaging in positive interpersonal interactions, building a sense of worth and self-definition, expressing oneself through creative thinking and activities, being a meaningful participant in a group. Ask yourself if video games fulfill any of these for your child. Do video games help her learn to impose the self-discipline necessary to structure her time, set reasonable limits, and prioritize tasks? Do they help her learn to distinguish and choose gracefully between wanna-do’s and hafta-do’s, or between privileges and rights?

Language development. If language development is an urgent issue for your special-needs child or student, there are few worse friends than the video game. Played in isolation, no useful language happens at all. Even in parallel play with a friend or sibling, attention is fixated on the screen, and whatever minimal verbal exchange does take place generally relates only to what is happening on the screen.

Regression. Does your child demonstrate social or cognitive regression following summers and extended school breaks? All skill development—reading, making conversation, taking turns at games, hitting a tennis ball, baking brownies, or tracking down the evil Super Mario double—takes practice. Extended time off from school shouldn't be time to abandon social and cognitive learning.

Do the math: Children who are in school 6.5 hours per day, 175 days a year, spend about 20% of their total waking hours per year in school. The rest of their time and instruction is the responsibility of us parents and other caregivers.

And as a parent, there's no way around an investment of your own time in whatever video game system you decide to allow into your home. Do you, yourself, understand the system and the games well enough to bail out your child when she doesn't "get it" and her frustration starts to boil over?


Will you allow only educational or strategy games and no competition games, which set up a winner/loser scenario? Are you willing to preview all games? One of the first games we were exposed to was a supposedly educational, timed math game. The child would select from multiple-choice answers while the clock ticked away. If the choice was incorrect, the game would honk and blare, "Brrrr-aaa-ppppp! You're a loser!"

Admittedly, this was many years ago, and games have come a long way since then, but so have the cheap-buck artists. Many children with learning differences struggle with low

self-esteem. Some of this struggle comes from their limited ability to place things in perspective—for them, there's a winner and a loser, and nothing in between. It isn't "only a game," it's a test of self-worth.

Will you be able to veto and circumvent inappropriate games in the face of relentless resistance? That's "something you don't see on the news—a parent returning [an inappropriate] game that their underage kid bought," Cahill says. "My parents were the only parents I knew who actually bought and played the video games I chose."

A child's job is to explore the world. For kids with disabilities, that exploration may be a little more tenuous, a little more treacherous. But explore they must, and that means touching, talking, tasting, and trekking—in short, discovering. Before the 20th Century, this happened without the aid of video screens.

Long before my pediatrician had anything to say about it, the great writer Johann Wolfgang von Goethe did: "Talent develops in solitude, character in the full current of human life." 

© 2005 Ellen Notbohm. Adapted from "Postcards from the Road Less Traveled," Autism Asperger's Digest, November–December 2005.

Ellen Notbohm is the author of *Ten Things Every Child with Autism Wishes You Knew*, winner of iParenting Media's Greatest Products of 2005 Award, and coauthor of *1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders*, winner of Learning Magazine's 2006 Teacher's Choice Award. Comments and requests for reprint permission are welcome at emailme@ellennotbohm.com.

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to overseeing foster families and other child welfare tasks. The new Group Home Licensing and Monitoring office will employ 18 people to review applications for new group homes and ensure facilities meet state guidelines.

MONTANA

Montana's state health department plans to increase the number of children who can get free or low-cost health insurance through the state's Children's Health Insurance Program (CHIP), according to the *Billings Gazette*.

About 12,000 children statewide are enrolled in the CHIP program, which provides health insurance to children of low-income families. The Montana Department of Public Health and Human Services (PHHS) wants to increase this number by 2,000 children.

"Parents who think affordable health coverage for their kids is an impossible dream should explore CHIP as a solution," PHHS Director Joan Miles told the *Gazette*. "We have no waiting list, and we're moving ahead to sign up 2,000 new kids. So the time is right."

Increased funding by the 2005 legislature, and a voter-approved cigarette tax increase in 2004, designating part of the money for CHIP, is making the expansion possible. Miles says as many as 15,000 Montana children could qualify for CHIP.

Under CHIP guidelines, a family of three with an annual income of \$24,135, or a family of four with a \$29,025 annual income, may be eligible for CHIP.

TEXAS


African American children in Texas stay in foster care longer and wait longer for adoption than do white or Hispanic children, according to an analysis by the Texas Health and Human Services Commission and the Department of Family and Protective Services.

The analysis also revealed the trend is closely tied to poverty and recommends more parenting classes and services for lower-income Texans, the *Austin American-Statesman* reports. At least 60% of children removed from homes in Texas come from families earning \$10,000 or less annually, the study said. Two years ago, about 12% of Texas's children were

African American, but about 20% of children living in families with income below \$10,000 were African American.

Researchers are unsure why Hispanic children, who share some of the same economic disadvantages as African Americans, leave the system at about the same rate as white children. "Examining the overrepresentation of African American children in foster care is a step in the right direction, and I hope the state of Texas will consider real policy change in order to truly address the problem," State Representative Dawnna Dukes (D) told the *American-Statesman*.

Dukes added that the study demonstrates the need for more children to be placed with kin after being removed from their homes. "We need to look at the mindset of those who are working in the system and their understanding culturally of the African American community. One of the greatest complaints we had is that African American families were not given the opportunity to become the foster caregiver."

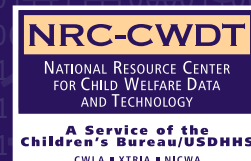
State lawmakers asked for the report in 2005 in an attempt to improve both child and adult protective services. 

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Exchange

"When the moon is not full, the stars shine more brightly." - Bugandan Proverb

Giving Effective Feedback

The **Exchange** article, "Guidelines for Effective Use of Feedback," provides eleven specific characteristics of effective feedback. Three of these are...

- **Feedback should focus on behavior, not the person.** In giving feedback, it is important to focus on what a person does rather than on what the person is. For example, you should say to a teacher "You talked considerably during the staff meeting" rather than "You're a loudmouth." According to George F. J. Lehnert, "When we talk in terms of 'personality traits' it implies inherited constant qualities difficult, if not impossible, to change. Focusing on behavior implies that it is something related to a specific situation that might be changed" (Lehnert). It is less threatening to a teacher to hear comments about her behavior than about her traits.
- **Feedback should focus on observations, not inferences.** Observations are what we can see or hear in the behavior of another person. Inferences are interpretations we make based on what we hear or see (Lehnert). Inferences are influenced by the observer's frame of references and attitudes. As such, they are much less likely to be accurate and to be acceptable to the person observed. Inferences are much more likely to cause defensiveness.
- **Feedback should focus on descriptions, not judgments.** In describing an event, a director reports an event to a teacher exactly as it occurred. A judgment of this event, however, refers to an evaluation in terms of good or bad, right or wrong, nice or not nice. Feedback which appears evaluative increases defensiveness (Gibb). It can readily be seen how teachers react defensively to judgments which are negative or critical. But it is often believed that positive judgments "praise" can be very effective as a motivational and learning tool. However, studies have shown that the use of praise has little long-term impact on employees' performance (Baehler). Often praise arouses defensiveness rather than dispelling it. Parents, teachers, and supervisors so often "sugarcoat" criticism with praise ("You had a great lesson today, but ...") that "when we are praised, we automatically get ready for the shock, for the reproof" (Farson).

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Finding Better Ways
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ference registration, hotels, programs, and con-
tacts, Visit CWLA's website at www.cwla.org/conferences, or contact CWLA's conference registrar
at register@cwla.org or 202/942-0286.

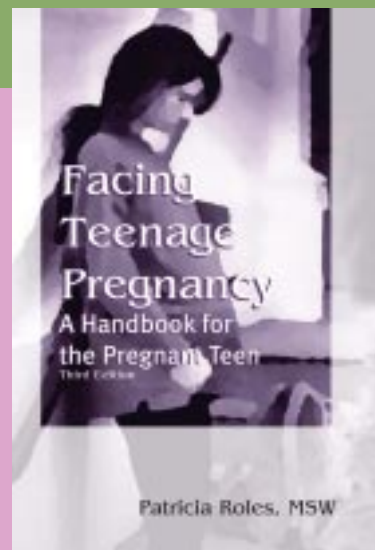
CWLA Releases Revised Edition of Popular Teen Pregnancy Book

CWLA Press recently published a revised edition of *Facing Teenage Pregnancy*, by Patricia Roles. Historically one of CWLA's strongest sellers, the book is written expressly to help adolescents make their own decisions about their pregnancies.

Using a supportive, nondirective approach, *Facing Teenage Pregnancy* does not advocate any particular solution to the dilemma of teenage pregnancy. It does, however, offer various alternatives as it guides teens through considering each available option.

Updates to the book include completely revised sections about birth control and abortion procedures. Roles also added a list of website resources.

Though written primarily for the pregnant teen and the significant people in her life, *Facing Teenage Pregnancy* is also useful for the adopted teenager who is troubled by thoughts about being adopted. To order, visit www.cwla.org/pubs and search for item number 10412, or call toll-free 800/407-6273.



CWLA's 2006 National Conference Awards

At its 2006 National Conference, February 27–March 1, CWLA presented its annual awards recognizing the contributions and accomplishments of corporations, lawmakers, advocates, and children and youth who are working to secure a brighter future for children and families nationwide. Following are the recipients of CWLA's 2006 National Conference Awards.

Champions for Children

Xavier Cortada, Miami, Florida, who created the Protect America's Children National Message Mural to commemorate Children's Memorial Flag Day and raise awareness of the children who are victims of violence.

Ruth W. Massinga, Former President and CEO, Casey Family Programs, for her more than 30 years championing the needs of children and families.

The Prudential Foundation, one of CWLA's oldest and most dedicated supporters, for its partnership with CWLA to create and distribute a parenting education curriculum, the Prudential Positive Parenting Program, at no cost to more than 25,000 child care, Head Start, and other early childhood programs, and train more than 2,000 parent educators; its support for CWLA's Creating Parenting-Rich Communities initiative; and its support of CWLA's work on behalf of children who have lost their parents to HIV/AIDS.

Champions for Children—Rural Child Welfare

Sharon Ringler, Vice President, Marketing and Development, Saint Francis Academy, Salina, Kansas.

Kathleen Belanger, Stephen F. Austin University, Nacogdoches, Texas.
(Both were honored for their work on CWLA's Rural Task Force.)

Congressional Advocate for Children

Senator Gordon Smith (R-OR), for his leadership in the fight to preserve Medicaid during the tumultuous 2005 budget battle, and his courage in voting against the legislation, putting aside politics, and placing the needs of children and families first.

Corporate Advocate of the Year

UniSource Energy Corporation, Tucson, Arizona. According to the Arizona Children's Association, which nominated UniSource for this award, the corporation has a track record for supporting the work of charitable organizations that serve the most vulnerable children, youth, and families. UniSource's corporate policies and practices exemplify its commitment to the betterment of the communities in which it does business. Partnering with an average of 450 nonprofit organizations annually, and providing scholarships for any full-time nonprofit employee in Pima County, Arizona, are just two of the ways UniSource lives up to its corporate motto, "We are there when you need us."

Corporate Friend of Children

Bright House Networks, Brandon, Florida. Nominated by Hillsborough County Department of Children's Services, Bright House Networks partners with community organizations and edu-

New Peer Mentor Program Connects Current and Former Youth in Foster Care

Every youth in foster care is affected by the loss of relationships and connections, which are essential in promoting a young person's health and positive development. Unfortunately, lack of supports and social networks place young people in foster care at a further disadvantage than their peers.

Foster care alumni and youth preparing to transition out of foster care understand the need for healthy connections and significant role models while growing up in the system. Only they can truly understand the experience of being removed from their birthparents and siblings, living in multiple placements, and the constant feelings of isolation, instability, and loss.

For this reason, CWLA, in collaboration with FosterClub, a national support network for foster youth, seeks to increase healthy connections and create social sup-

port networks for young people in foster care through Fostering Healthy Connections Through Peer Mentoring. With support from the New York Life Foundation, a workgroup of former foster youth and mentoring professionals will guide the development of curricula and training materials for a peer-to-peer mentor program. The program will train former foster youth to be mentors to children currently in the foster care system.

Few, if any, peer mentor programs match former youth in care with children currently in the system, according to CWLA Director of Family Foster Care Services Millicent Williams. An online survey of youth in foster care, conducted by CWLA and FosterClub last year, indicated such a program is highly desired, however.

To ensure the voice of current and former foster youth is included, CWLA's

National Foster Youth Advisory Council (NFYAC) has become actively involved in providing guidance for the project. In October 2005, NFYAC created a position statement on peer mentoring and compiled recommendations for ensuring healthy peer connections for youth in care.

The peer mentoring training will require both mentees and mentors to participate in structured training sessions focused on the steps necessary to develop healthy, successful mentoring relationships. Orientation sessions will engage caregivers and child welfare workers in the program. CWLA will choose a member agency to pilot the program.

Learn more about Fostering Healthy Connections at www.cwla.org/programs/fostercare/peermentoring.htm, and about NFYAC at www.cwla.org/programs/positiveyouth/nfyac.htm.

cation programs to support opportunities for children, youth, and families. Among its many efforts, Bright House sponsors local Boys and Girls Club programs, provides free cable connections to local schools, supports workshops for teacher inservice training, and encourages its employees to be active participants in Head Start.

Jordan's Furniture, Avon, Massachusetts. Known throughout Massachusetts and New Hampshire for its quirky television advertisements and innovative business tactics, Jordan's Furniture has enjoyed a partnership with the Massachusetts Adoption Resources Exchange (MARE) and the Massachusetts Department of Social Services (DSS) since 1998, making it a corporate mission to help children in foster care in Massachusetts find loving, permanent adoptive homes. Jordan's in-kind donations to MARE include sponsoring adoption television specials and hosting adoption parties and appreciate events for social workers. The company is also assisting DSS with recruitment of new foster families.

Anna Quindlen Award for Excellence in Journalism in Behalf of Children and Families

Barbara White Stack, Pittsburgh *Post-Gazette*, for her series "In Harm's Way," on children abused in some state-licensed group home facilities.

Christine Devine, Anchor, Fox 11-KTTV, Los Angeles, California, for her weekly adoption program, *Wednesday's Child*.

Kids-to-Kids National Service Awards

Melanie Barr, Beverly, Massachusetts. Melanie's mission is to change the stereotypes of children and youth in the foster care system. She is committed to voicing the need for permanent life-long connections

for youth in care. Melanie is an active member of the Adolescent Outreach Youth Advisory Board and presents on the importance of permanency for youth in foster care. She also has participated in television commercials, radio announcements, and billboards in an effort to recruit foster homes for older youth in care.

Baleigh Payne, Duanesburg, New York. At age 6, Baleigh joined her father in donating holiday food and gifts to poverty-stricken families in upstate New York. She was so moved by the poverty and plight of the children and families receiving her modest gifts, she began working with her father and brother to create a grass-roots volunteer program, Helping Our Neighbors Is as Easy as Pie, an effort of more than 100 volunteers a year that has provided more than 1,000 pies to children and families during the holidays.

Julia Kraus, Wichita, Kansas. Julia has been a foster sibling to more than 280 children, most under the age of 5, opening her home and heart to provide them care, kindness, and role-modeling. She actively speaks to potential foster families about how their new role may affect their biological children. Her essay, "The Question," a compelling picture of life within a foster care host family was featured in *Newsweek*, and her story has also appeared in *Girls Life Magazine*.

Elizabeth Metzger, Albany, New York. In 2001, Elizabeth created Lost and Found For You, which has provided more than 7,000 pounds of clean, gently used clothing, shoes, and household goods to thousands of children and families throughout upstate New York. Elizabeth and her brother collect and donate lost-and-found items from public venues all over the capital region of New York.

Children of Immigrants and Their Participation in Early Learning

One in five children in the United States has at least one foreign-born parent. Although evidence shows that children of immigrants stand to benefit from early learning programs, they are less likely to participate than are other children. The Center for Law and Social Policy (CLASP) decided to look at the issue more closely, examining children's participation rates in different early care and learning arrangements.

CLASP's findings reveal that:

- At age 3, 30% of children of immigrants, compared with 38% of children of U.S.-born citizens, attend preschool.
- At age 4, 55% of children of immigrants attend preschool or kindergarten, compared with 63% of children of U.S.-born citizens.
- At ages 4 and 5, larger numbers of children of immigrants attend kindergarten than do children of U.S.-born citizens. The latter attend preschool at higher rates at both ages.

Families from Central America, Indochina, Mexico, and the Pacific Islands have the lowest rates of enrolling their children, ages 3–5, in preschool or kindergarten.

The findings are published in *Reaching All Children? Understanding Early Care and Education Participation Among Immigrant Families*, available online at www.clasp.org/publications/child_care_immigrant.pdf.

Justice Department to Disclose Complete Missing Children Data

The U.S. Justice Department will soon begin reporting how many children go missing each year in the United States, information the FBI previously refused to release to the general public because officials said data in the National Crime Information Center computer database were confidential police files, according to the Scripps Howard News Service.

Scripps Howard executives wrote President George W. Bush and Attorney General Alberto Gonzales last year asking them to begin reporting the information. Using data from the National Center for Missing and Exploited Children, Scripps Howard found that several major U.S. police departments, including New York City and the U.S. Navy Criminal Investigative Service, were in regular violation of a 1990 law that ordered local police to report all missing children to the FBI and to each state's clearinghouse for missing and exploited children, as well as to make "an annual statistical summary" of children reported to the FBI to document compliance with the law.

"This has really been embarrassing, and the federal government should be embarrassed," David Thelen, Founder of the Committee for Missing Children, told Scripps Howard. "Without good statistics, we don't know what the problem is or where it is."

In 2004, the New York Police Department, for example, reported only half the number of missing children that either Los Angeles or Chicago reported, even though New York has twice the juvenile population of other cities.

"The important thing isn't who gets any blame for this. The important thing is to correct this in the future," FBI Special Agent Richard Kolko told Scripps Howard. "Any way we can bring this terrible situation more to the forefront to assist law enforcement and parents recover missing and exploited children has to be viewed as an asset."

Study Finds Family Therapy Helps Bullies

Data published in the August 2005 issue of *Pediatrics* shows that outpatient family therapy seems to be an effective method of reducing anger and improving interpersonal relationships in male youth who exhibit bullying behavior.

The data was from a study of 22 boys with bullying behavior who took part in a family therapy program for six months. A control group of 22 youth took part in a placebo intervention program. Behavior of the youth was tested every six weeks during the study period and for 12 months after treatment.

Compared with the control group, bullying behavior was reduced. Significant differences were observed in general health perceptions, vitality, social functioning, and mental health. Follow-up a year later revealed relatively stable, lasting treatment effects.

Challenges for Rural Families Searching for Affordable Housing

Easing the Transition: Housing Assistance for Rural TANF Recipients is a new report by the Housing Assistance Council (HAC) that identifies a number of specific obstacles for rural families who leave welfare and search for affordable housing.

"Many rural Americans face shortages of affordable housing units, jobs that pay well, and adequate transportation," says HAC Executive Director Moises Loza. "Several states have designed housing assistance programs to help meet their welfare leavers' needs, and we found many of them can help rural residents."

Many program officials told HAC they encountered families with serious credit issues, but they used homeownership counseling or partnered with local lenders to qualify these families for mortgages or private market apartment rentals; some required clients to participate in housing or financial counseling.

Another significant gap in rural areas is the shortage of affordable housing units. Overall, states found it difficult to impact this problem, according to HAC's report. One state, however, addressed the issue for some program participants through a partnership with a local nonprofit housing developer.

HAC's report was prepared with support from the U.S. Department of Housing and Urban Development. In addition to the free online version at www.ruralhome.org/manager/uploads/EasingTheTransition.pdf, a print copy is available for \$5.00, including postage and handling; call 202/842-8600, ext. 137, or e-mail luz@ruralhome.org.

Encouraging Kids to Open Books this Summer

According to Reading is Fundamental (RIF), the nation's oldest and largest nonprofit children's literacy organization, all young people experience learning losses when they don't engage in educational activities during the summer. Low-income students experience an average summer learning loss in reading achievement of over two months.

To inspire young people to open a book during their free time, RIF has dedicated part of its website to tips and ideas for engaging in and enjoying books during the summer. Tips include advice on choosing good books, creating reading spaces at home, and how to encourage struggling readers and motivate kids to read. Other resources include a downloadable daily activities calendar, summer activity sheets, reading booklists, a "Game Station," a downloadable summer reading screensaver, and the opportunity to join RIF's Reading Planet Club.

Visit RIF's summer reading site at www.rif.org/summer.

Austin Safest for Child Pedestrians

Austin, Texas, is the safest U.S. metropolitan area for child pedestrians, while the most dangerous areas are Memphis, Tennessee; St. Louis, Missouri; and Oklahoma City, Oklahoma, according to a study, *Child Pedestrians at Risk: A Ranking of U.S. Metropolitan Areas*, released by Safe Kids Worldwide.

The Safe Kids study compared child pedestrian safety in 47 metropolitan areas and explored how different factors influence the safety of a child's pedestrian environment. The study also found that communities are most successful in creating safe pedestrian environments for children when they develop and implement solutions at the local level.

"It's not enough to teach your children to look both ways when they cross the street," says Martin Eichelberger, President and CEO of Safe Kids Worldwide. "Civic organizations, schools, police, local governments, and caregivers each have a role to play in creating safe walking environments. Children need to learn safe behavior, but children do not bear the ultimate responsibility for pedestrian safety. Whole communities do."

In 2002, 599 children ages 14 and younger died in pedestrian accidents, and an estimated 38,400 were treated in hospital emergency rooms for pedestrian-related injuries in 2003, according to the study. Download the study's full report at www.usa.safekids.org/content_documents/ACF427.pdf.



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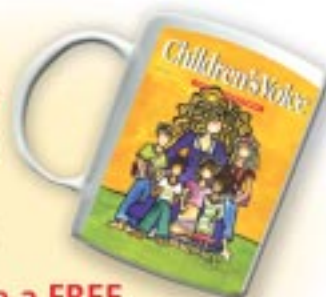
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